

Registration District No. 146

Primary Registration District No. 5568

Registrar's No. 294

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Independence, Mo. Rural**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**18th & Harvard Blue Imp.**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether)

In this community **60 years**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** 48

(c) City or town **Independence, Mo. Rural**  
(If outside city or town limits, write "RURAL")

(d) Street No. **1600 Sterling Blue Imp.**  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... 0

3. (a) PRINT FULL NAME **Arthur Everett Kemper**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **M**

5. Color or race **W**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Minnie Kemper**

6. (c) Age of husband or wife if alive **76** years

7. Birth date of deceased **Sept. 27, 1863**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>80</b>	<b>2</b>	<b>3</b>	.....hr. ....min.

9. Birthplace **Ky**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **Guard**

12. Name **James M. Kemper**

13. Birthplace **Ky**  
(City, town, or county) (State or foreign country)

14. Maiden name **No Record**

15. Birthplace **No Record**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Coroner's Record**

(b) Address **Dec. 3-43**

17. (a) **Burial** (b) Date thereof **Dec. 3-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Sheil Funeral Home**

(b) Address **6606 Indep. Ave. K.C. Mo.**

19. (a) **12-2-43** (b) **James M. Kemper**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **30**  
year **1943** hour **2** minute **40 P.** M.

21. I hereby certify that I attended the deceased from **Deputy Coroner** to **Deputy Coroner** 19.....  
that I last saw him..... alive on..... 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death **Skull Fracture**  
**Railroad Trauma**

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy **See Above**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident 120**

(b) Date of occurrence **Nov. 30 1943**

(c) Where did injury occur? **Independence Mo**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, (in public place)

While at work **No** (Specify type of place) (Means of injury) **Trauma**

23. Signature **J. E. Walker** (M. D. or other) **M.D.**  
**L. M. Day** Date signed **12/1/43**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

1163

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*James P. Shiel*

Licensed Embalmer No. *3625*

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**