

7. S. No. 2  
00M-5-43  
Rev. 5-17-39  
I X36671

FILED DEC 4 1944  
Registration District No. **4/1044**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Little Sisters of the Poor  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Days 5  
(Specify whether years, months or days)

In this community 80 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. 5331 Highland  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LUKE N DEMPSEY

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married  
separated

6. (b) Name of husband or wife Madeline 6. (c) Age of husband or wife if alive unk. years

7. Birth date of deceased Sept 24 1864  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9th day Nov  
year 1944 hour 7:20 minute A M.

21. I hereby certify that I attended the deceased from Nov 1 1944, to Nov 8 1944, 19\_\_\_\_;  
that I last saw him alive on Nov 8 1944, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>1</u>	<u>15</u>	hr. min.

Immediate cause of death Acute Coronary Occlusion **1/2 Hour**

9. Birthplace Missouri **0**  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Lawyer

Due to Chronic Arteriosclerosis years?

11. Industry or business \_\_\_\_\_

12. Name Richard Dempsey

Due to Chronic Nephritis 10 year

13. Birthplace No record **9**  
(City, town, or county) (State or foreign country)

14. Maiden name Judith Wheeler

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

15. Birthplace No record **1**  
(City, town, or county) (State or foreign country)

Major findings: Of operations **131/85**

16. (a) Informant St. Mary's  
(b) Address Brunswick Ave

17. (a) Burial (b) Date thereof Nov 11 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

Of autopsy No

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Quirk & Robin Co  
(b) Address 20 W Linwood

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

(a) Accident, suicide, or homicide (specify) NO

(b) Date of occurrence \_\_\_\_\_

19. (a) 11-13-44 (b) N. E. Brown  
(Date received local registrar) (Registrar's signature)

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

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

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature John T. Skinner (M. D. or other) **0**  
Address 402 Bryant Bldg Date signed 11/19/44

---

---

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 Charles M. Fierke

Licensed Embalmer No. 3774

P. O. Address Kansas City, Mo

**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.**