

FILED JAN 14 1948

State File No.

5305

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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: K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days
(Specify whether
In this community 40 YEARS 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1511 Central
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

MARY A. DEMPSEY

3. (b) If veteran, name war No

3. (c) Social Security No. NO. IV E

4. Sex FEMALE

5. Color or race WHITE

6. (e) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife MR. LUTHER N. DEMPSEY

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

7. Birth date of deceased SEPTEMBER-14-1868
(Month) (Day) (Year)

8. AGE: Years 76 Months 3 Days 12
If less than one day _____ hr. _____ min.

9. Birthplace KEYTESVILLE MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

MOTHER FATHER { 11. Industry or business _____

12. Name JACOB SMITH

13. Birthplace ALSACE LORRAINE GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name BARBARA ANN SMITH

15. Birthplace ALSACE LORRAINE GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant MISS MADELINE DEMPSEY

(b) Address 1511 CENTRAL STREET

17. (a) BURIAL (b) Date thereof DEC-29-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director W. H. Newcomer

(b) Address 1401 BRUSH CREEK BLDG.

19. (a) 12-28-44 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26
year 1944 hour 12 minute 50 P.M.

21. I hereby certify that I attended the deceased from Dec. 12, 1944, to Dec. 26, 1944.

that I last saw her alive on Dec. 26, 1944.

and that death occurred on the date and hour stated above.
Immediate cause of death Carcinoma of recto sigmoid-Peritonitis

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy See above

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(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)
(c) Cause of injury _____

23. Signature A. E. Upsher (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 12-27-44

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

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..... *Emile M. Colburn*

Licensed Embalmer No..... *3506*

P. O. Address..... *K. C. 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.