V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 6 1945

Registration District No. 949

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1069

Primary Registration District No. 1002

Registrar's No. 383

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: 1ST FLOOR - 1217 - WEST 21ST STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution --
In this community 25 yrs. / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48
(a) State MISSOURI (b) County JACKSON 2
(c) City or town KANSAS CITY 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1ST FLOOR - 1217 - WEST 21ST STREET
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country --

3. (a) PRINT FULL NAME MR. GEORGE RAYMOND DEMPTON
3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MRS. BESSIE DEMPTON
6. (c) Age of husband or wife if alive unk. years
7. Birth date of deceased MAY (Month) 18 (Day) 1883 (Year)

8. AGE: Years 61 | Months 8 | Days 4 | If less than one day ___ hr. ___ min.

9. Birthplace DETROIT (City, town, or county) / MICHIGAN (State or foreign country)
10. Usual occupation BARBER
11. Industry or business
MOTHER FATHER
12. Name WILLIAM DEMPTON
13. Birthplace NEW YORK CITY (City, town, or county) / NEW YORK (State or foreign country)
14. Maiden name ELIZABETH BRYANT
15. Birthplace 4 (City, town, or county) ENGLAND (State or foreign country)
16. (a) Informant Mrs. Bessie Dempton
(b) Address 1217 W 21 St
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Jan 26 45 (Month) (Day) (Year)
(c) Place: burial or cremation MAPLE HILL CEM. - KANSAS
18. (a) Signature of funeral director D. H. Heuvelmann Sons
(b) Address 1401 - BRUSH CREEK BLVD.
19. (a) 1-24-45 (Date received local registrar) (b) R. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 22ND year 1945 hour 10 minute 30 A.M.
21. I hereby certify that I attended the deceased from Nov. 1944, 19__, to 1/22/45, 19__; that I last saw him alive on 1/21/45, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Ca of Esophagus	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 46	

Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] (M. D. or other)
Address 1401 S. [illegible] Date signed 1/22/45
K.C.K.

(Licensed Embalmer's Statement on Reverse Side)

1401 Southwest Blvd. K.C.R.
2-5

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. Calhoun

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.