. S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 3 1945

Registration District No. 799

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 12202

Registrar's No. 1709

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 704½ East 15th Street. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether

In this community 50 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 704½ East 15th, Street (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mrs. Marie Nona KEMP

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Henry Kemp

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

7. Birth date of deceased February (Month) 1st, (Day) 1883 (Year)

8. AGE: Years	Months	Days	If less than one day
62	2	12	hr. min.

9. Birthplace Adams County (City, town, or county) Illinois (State or foreign country)

10. Usual occupation General Hospital

11. Industry or business

FATHER
12. Name Michael J. Begley
13. Birthplace (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Katherine Galvin
15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Irene Winkler

(b) Address 2919 Wayne Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/16/45 (Month) (Day) (Year)

(c) Place: burial or cremation St Marys

18. (a) Signature of funeral director Mellody-McGilley

(b) Address K.C. Mo.

19. (a) 4-16-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APR day 13 year 1945 hour 4 minute 05 A M.

21. I hereby certify that I attended the deceased from 4/6, 1945, to 4/13, 1945, that I last saw her alive on 4/19, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to a [illegible] + old age

Due to

Other conditions (Include pregnancy within 3 months of death) 93 d

Major findings:
Of operations

Of autopsy

Duration

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 J L Jones DO (M. D. or other)

Address 3 E 39 Date signed 4/16-45

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

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.