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Rev. 5-17-39
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1313

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 134

FILED JAN 31 1946
Registration District No. 179

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson County

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

(c) Name of hospital or institution:
General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 26 days
(Specify whether _____)

In this community 35 yrs
(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. 1314 E. 44th
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Harry Dempsey

3. (b) If veteran, name war No

3. (c) Social Security No. 486-26-5140

4. Sex M **5. Color or race** Wh

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

6. (b) Name of husband or wife Mrs. Ethel Dempsey

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Jan 30 1889
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>56</u>	<u>11</u>	<u>8</u>	hr. _____ min. _____

9. Birthplace McCune Kans.
(City, town, or county) (State or foreign country)

10. Usual occupation Resturant Work

11. Industry or business _____

12. Name John W. Dempsey

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

14. Maiden name Agnes Owens

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

16. (a) Informant Mrs. Ethel Dempsey

(b) Address 1314 East 44

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 1-10-46
(Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Horton Roe

(b) Address 7406 Wornall Rd

19. (a) 1-10-46 (Date received local registrar)

(b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 8
year 1946 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec. 13
1945, 19 , to Jan. 8, 1946;
that I last saw him alive on Jan. 8, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to pyelonephritis

Due to _____

Other conditions 1330
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy Same as 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? _____

23. Signature Clark W. Seal (M. D. or other)

Address E. E. New York **Date signed** 1-9-46

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
930

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. 2810
P. O. Address F. C. M.

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.