

No. 2  
-5-43  
-5-17-39  
X 36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16074

State File No. ....

FILED JUN 7 1946

Registration District No. 73

Primary Registration District No. 5291

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Clay  
(b) City or town Rural Highway #69.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3 Mile N. E. of Liberty /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24  
(c) City or town North Kansas City 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route # 8. 0  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME BONNIE LEE KEMP

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

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb. 22, 1930  
(Month) (Day) (Year)

8. AGE: Years 16 Months 3 Days 4 If less than one day hr. min.

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

10. Usual occupation Waitress

11. Industry or business Cafe

12. Name George R. Kemp

13. Birthplace Nebraska  
(City, town, or county) (State or foreign country)

14. Maiden name Bernice Hull

15. Birthplace Independence, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant George R. Kemp

(b) Address North Kansas City, Mo.

17. (a) Removal (b) Date thereof 5/26/1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation North Kansas City, Mo

18. (a) Signature of funeral director Blaude Dickard

(b) Address Excelsior Springs, Mo.

19. (a) May 26 1946 (b) Minnie Haynes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26  
year 1946 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_;  
Coroner 19\_\_\_\_;  
that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above,

Immediate cause of death Accident a collision with an abutment of a bridge on Hwy 69 over the Burlington RR tracks, 2 mi N.E. of Liberty, Mo. Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions: Coroner's report 70087  
(Include pregnancy within 3 months of death)

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) accident 24  
(b) Date of occurrence 5-26-1946  
(c) Where did injury occur? Hwy 69, Clay Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Place, Highway 69  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 3  
23. Signature P. W. Prather (M.D. or other) Coroner  
Address Excelsior Springs, Mo. Date signed 5-26-46

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-5-46

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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, by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... E. E. White

Licensed Embalmer No. 4168

P. O. Address Excelsior Spring, Md.

**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.