

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
FILED AUG 25 1947

State File No. \_\_\_\_\_  
Registrar's No. 975

Registration District No. 42 Primary Registration District No. 1000

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

1. PLACE OF DEATH:  
(a) County Buchanan  
(b) City or town St. Joseph  
(c) Name of hospital or institution: St. Joseph Hospital # 2  
(d) Length of stay: In hospital or institution 5 yrs 3 mos 6 days  
In this community 5 YR-3 MOS-6 DA

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Jackson  
(c) City or town Kansas City Mo  
(d) Street No. 1006 Holmes Street  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Fred Hemphill

MEDICAL CERTIFICATION

3. (b) If veteran, name war Nil 3. (c) Social Security No Not given

20. DATE OF DEATH: Month 8 day 12 year 1947 hour 7 minute 35 M.

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

21. I hereby certify that I attended the deceased from 8-12-1947 to 8-17-1947 that I last saw him alive on 8-17-1947 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Cora 6. (c) Age of husband or wife if alive Not given years 7. Birth date of deceased Aug 23 1890

Immediate cause of death Myocardial infarction and syphilis Duration 30 days 7 years

8. AGE: Years 56 Months 11 Days 19 If less than one day hr. min.

Due to arteriosclerosis 5 years

9. Birthplace Springfield Mo (City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

10. Usual occupation Railroad machinist

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

11. Industry or business \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

12. Name Alfred Herman Hemphill

Of autopsy \_\_\_\_\_

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

Physician 30

14. Maiden name Alice M. Beckman

15. Birthplace Not given (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cora Hemphill (b) Address 1006 Holmes Street Kansas City Mo

17. (a) Burial, cremation, or removal Burial (b) Date thereof Aug 14-47 (c) Place: burial or cremation Kansas City Mo

18. (a) Signature of funeral director \_\_\_\_\_ (b) Address \_\_\_\_\_

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

19. (a) Date received local registrar 8-15-47 (b) Registrar's signature \_\_\_\_\_

23. Signature \_\_\_\_\_ Date signed 8/17/1947

AUG 25 1947

AUG 27 1947

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 *John G. Gburley*  
Licensed Embalmer No. *4050*  
P. O. Address *St Joseph 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.