o. 2
/47
7-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30432

FILED SEP 22 1947

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 1096

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2403 Mitchell Ave. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution not (Specify whether
In this community 48 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph (If outside city or town limits, write "RURAL") 1
(d) Street No. 2403 Mitchell Ave. (If rural, give location) 7
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Jerome Morris Kempton
3. (b) If veteran, name war None
3. (c) Social Security No. NIL
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Ella S. Kempton
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased October (Month) 17 (Day) 1871 (Year)

8. AGE: Years 75 Months 10 Days 24 If less than one day hr. min.

9. Birthplace Glenwood (City, town, or county) Iowa. (State or foreign country) 1
10. Usual occupation Retired Cashier
11. Industry or business Armour & Co.
FATHER
12. Name William Kempton
13. Birthplace Philadelphia (City, town, or county) Penn. (State or foreign country) 1
MOTHER
14. Maiden name Mariah West
15. Birthplace Independence (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant Mrs. Ella S. Kempton
(b) Address 2403 Mitchell Ave., St. Joseph, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept. 15, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Omaha, Nebraska
18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1046 Colhoun St., St. Joseph, Mo.
19. (a) 9-13-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 11 year 1947 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from June 30, 1946 to Sept 11, 1947, that I last saw him alive on Feb - 8, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
R.P. Ventricular Failure	Sudden
Chronic Cor Pulmonale	2 yrs
Pulmonary Fibrosis	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

114 E

PHYSICIAN
Underline the cause of 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) 0
While at work? (e) Means of injury

23. Signature T. L. Howden (M. D. or other) MD
Address 620 Francis St. St Joseph Mo Date signed 9-12-

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Two minutes

JAN 13 1948

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 Albert C. Harrington

Licensed Embalmer No. 3268 Missouri

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.