

No. 2  
2-45  
17-39  
X47070

FILED MAY 3 1948

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 461

WRITE PLAINLY—USE 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:  
State Hospital No 2 2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 5 yr 9 mo 9 day  
 (Specify whether years, months or days)  
 In this community 5 yr 9 mo 9 days  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48  
 (c) City or town Kansas City 3  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1738 Penn St 8  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James Empey

3. (b) If veteran, name war 11  
 3. (c) Social Security No. 11

4. Sex male 5. Color or race white  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Mrs Lena Mae Empey  
 6. (c) Age of husband or wife if alive not given years  
 7. Birth date of deceased Oct 29 1919  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>28</u>	<u>5</u>	<u>15</u>		hr. min.

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

10. Usual occupation Truck Driver

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

MOTHER FATHER

12. Name Howard Empey  
 13. Birthplace Unknown Iowa  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Rose Sandquater  
 15. Birthplace Unknown New York  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs James Empey  
 (b) Address 116 mo 1738 Penn St.

17. (a) Removal (b) Date thereof 4-24-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City Mo

18. (a) Signature of funeral director Mrs C L Foster

(b) Address Kansas City Mo

19. (a) 4/24/48 (b) E. B. Jenkins  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24  
 year 1948 hour 7 minute 15 A.M.  
 21. I hereby certify that I attended the deceased from Jan 1  
 1948, to April 24 1948;  
 that I last saw him alive on April 23 1948;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis  
 Due to Dementia Praecox

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 1319  
 Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature Forrest Thomas (M. D. or other) \_\_\_\_\_  
 Address St Joseph Mo Date signed 4/24-48

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

**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.....

*Joe B. Yoder*  
*4173*

Licensed Embalmer No.....

P. O. Address.....

*918 Brooks*

**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.

*NC. Mo*