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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 21 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **13003**
1131113
Registrar's No. **114**

Registration District No. **46**

Primary Registration District No. **3026**

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence
(c) Name of hospital or institution:
Vaile Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: 9 weeks
In this community 65 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 419 S. Grand
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3: (a) - PRINT FULL NAME MR. ROBERT KEMP

3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Mrs. Nettie Kemp (deceased)
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 15, 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 4 25 hr. min.

9. Birthplace Ogden, Utah
(City, town, or county) (State or foreign country)

10. Usual occupation Retired carpenter

11. Industry or business _____

12. Name Henry Kemp

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

14. Maiden name Sarah Brown

15. Birthplace Herefordshire, England
(City, town, or county) (State or foreign country)

16. (a) Informant Orville Campbell

(b) Address 1116 S. Main, Independence, Mo.

17. (a) burial (b) Date thereof 4/12/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Md. Grove Cemetery

18. (a) Signature of funeral director Geo. C. Carson
(b) Address Independence, Mo.

19. (a) 4-12-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10
year 1948 hour 4:00 minute A M.

21. I hereby certify that I attended the deceased from Jan 5
1948 to April 10, 1948
that I last saw him alive on April 11, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis Duration 18 mo.
Due to Renal arterio sclerosis 5 yr.

Due to Senility
Other conditions Bronchial asthma 10 yrs
(Include pregnancy within 5 months of death)

Major findings: no operation
Of operations _____
Of autopsy no 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) _____
(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) (e) Means of injury _____

23. Signature Carl Allen (M.D. or other)
Address Independence Date signed 4/12/48

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 RA Lisle

Licensed Embalmer No. 4123

P. O. Address Independence, 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.