S. No. 300
DM—10-47
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19541

FILED JUL 3 1948

Registration District No. 949

Primary Registration District No. 1002

Registrar's No. 2628

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: General Hospital # 2 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 hours (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1715 Jarboe 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Cleo Mc Kindra Kemper

3. (b) If veteran, name war no

3. (c) Social Security No. 490-16-3643

4. Sex Female 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife William A. Kemper

6. (c) Age of husband or wife if alive 51 yrs. years

7. Birth date of deceased 2 (Month) 18 (Day) 1904 (Year)

8. AGE: Years 44 Months 4 Days 3 If less than one day hr. min.

9. Birthplace Chattanooga (City, town, or county) Tennessee (State or foreign country) 1

10. Usual occupation Maid

11. Industry or business Missouri Hotel

FATHER
12. Name Perry Lowe
13. Birthplace West Virginia (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Louise Brown
15. Birthplace Louisiana (City, town, or county) (State or foreign country) 1

16. (a) Informant William A. Kemper
(b) Address 1715 Jarboe

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-26- 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Westlawn K. C. Kans.

18. (a) Signature of funeral director K.C. Emb.& Casket Co. Mrs J. W. Jones
(b) Address 440 state ave. K.C.Kans.

19. (a) 6-23-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 st.
year 1948 hour 12 minute 45: A. M.

21. I hereby certify that I attended the deceased from ____, 19__ to ____, 19__;
that I last saw him alive on ____, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure

Due to Hypertensive Heart Disease

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93 d

Of autopsy No Permit

Duration

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature [illegible] (M. D. or other)

Address 2636 Brooklyn Date signed 6-23-48

(Licensed Embalmer's Statement on Reverse Side)

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 Eugene English

Licensed Embalmer No. 4105

P. O. Address 4460 State ave

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.