

FILED DEC 14 1948 49
Registration District No.

Primary Registration District No. 1002

State File No.

Registrar's No. 4871

1. PLACE OF DEATH:

(a) County. Jackson
 (b) City or town. Kansas City, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution. Ch. Idrens Mercy Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 8 Days - 10 Hrs.
 (Specify whether years, months or days)
 In this community. 8 Days - 10 Hrs.

3. (a) PRINT

FULL NAME Ralph Walker Kemper

3. (b) If veteran,

name war. no

3. (c) Social Security No.

none

4. Sex. M 5. Color or race. W
 6. (a) Single, widowed, married, divorced. 0
 6. (b) Name of husband or wife.
 6. (c) Age of husband or wife if alive. 20 years
 7. Birth date of deceased. July 13 1944
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 4 16 hr. min.

9. Birthplace. Boonville, Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation. Child

11. Industry or business.

12. Name. Ralph Kemper
 13. Birthplace. Highville, Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name. Evelene Kidwell
 15. Birthplace. Edwards, Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant. Mother
 (b) Address. Pleasant Green Mo.

17. (a) Removal (b) Date thereof. 11-29-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Pleasant Green Mo.

18. (a) Signature of funeral director. Hays & Painter
 (b) Address. Pilot Grove Mo.

19. (a) 11-29-48 (b) Sheldine Holmes
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Cooper Co.
 (c) City or town. Pleasant Green, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No.
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29
 year 1948 hour minute M.

21. I hereby certify that I attended the deceased from Pathologist 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. Bronchectasis, bilateral

Due to. Multiple respiratory infections

Due to. Cerebral Insufficiency

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

Major findings: Of operations. 10/10/48

Of autopsy. Spinal

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

E. C. H. Schmidt (Specify type of place)
 While at work (c) Means of injury. 0

23. Signature. Sheldine Holmes (M. D. or other)
 Address. Nearby Hospital Date signed. 29 Nov 1948

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.