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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36863

FILED DEC 11 1948

Registration District No. 799 Primary Registration District No. 1002 Registrar's No. 4775

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: 219 West Armour (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: 15 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City (If outside city or town limits, write "RURAL")
(d) Street No.: 219 West Armour (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Samuel James Semple
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: June (Month) 19th. (Day) 1859 (Year)
8. AGE: Years 89 Months 5 Days 3 If less than one day ____ hr. ____ min.
9. Birthplace: Baltimore (City, town, or county) Maryland (State or foreign country)
10. Usual occupation: Retired Postal Clerk
11. Industry or business ____
12. FATHER Name: Samuel Semple
13. FATHER Birthplace: ____ (City, town, or county) Ireland (State or foreign country)
14. MOTHER Maiden name: Sarah Whatrey
15. MOTHER Birthplace: ____ (City, town, or county) Ireland (State or foreign country)
16. (a) Informant: Miss Marguerite Ely
(b) Address: 219 West Armour
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 11-23-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Topeka, Kansas
18. (a) Signature of funeral director: Freeman Mortuary
(b) Address: Kansas City, Missouri
19. (a) 11-22-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 22nd. year: 1948 hour ____ minute ____ M.
21. I hereby certify that I attended the deceased from Jan 1, 1948 to Nov 22, 1948 that I last saw him alive on Nov 22, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial failure	4 days
Due to Arteriosclerosis	20 yrs
Due to Malnutrition	6 mo
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: ¶
Of 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: E. L. Petry (M. D.) E. L. Petry
Address: 300 Argyle Bldg. Date signed: 11-22-48

(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 Edmund E. Freeman

Licensed Embalmer No. 481

P. O. Address Kansas City, 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.