

FILED JUL 22 1950 STANDARD CERTIFICATE OF DEATH

State File No. **23571**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **2970**

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY	
c. LENGTH OF STAY (in this place) 27 YEARS		d. STREET ADDRESS (If rural, give location) 5020 EAST 60TH TERRACE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5020 EAST 60TH TERRACE			

3. NAME OF DECEASED (Type or Print) a. (First) PAUL b. (Middle) CASNER c. (Last) KEMP, SR.			4. DATE OF DEATH (Month) (Day) (Year) JULY 5-1950		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH NOV. 3-1896			9. AGE (In years last birthday) 53 YEARS		10. IF UNDER 1 YEAR Months Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NO TERMINALRY. CO.		10b. KIND OF BUSINESS OR INDUSTRY NO TERMINALRY. CO.		11. BIRTHPLACE (State or foreign country) PINE, COLORADO	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME ARTHUR C. CASNER		13b. MOTHER'S MAIDEN NAME Katherine Wilcox		14. NAME OF HUSBAND OR WIFE MRS. PEARL KEMP	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 705-16-1253		17. INFORMANT'S SIGNATURE OR NAME MRS. PEARL KEMP	
ADDRESS 5020 E. 60TH TERRACE KANSAS CITY, MO.					

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Progressive Bulbar Palsy				INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Incontinence				3560	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **July 4, 1949**, to **July 4, 1950**, that I last saw the deceased alive on **July 4, 1950**, and that death occurred at **12:01 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. P. Miller M.D.		23b. ADDRESS 708 Ashcroft Bldg.		23c. DATE SIGNED 7/6/50	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 7-7-50		24c. NAME OF CEMETERY OR CREMATORY Floral Hills	
24d. LOCATION (City, town, or county) (State) K.C. MO.					

DATE REC'D BY LOCAL REG. 7-6-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE D. H. Newcomer	
ADDRESS 1331 35TH CREEK KANSAS CITY MO.					

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

John E. Fraking

Signed.....

Student Embalmer

Licensed Embalmer No. *4483*

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.