THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21616

Registrar's No. 2850

FILED JUN 23 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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

1. PLACE OF DEATH

a. COUNTY: Jackson

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City

c. LENGTH OF STAY (In this place): 55 yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital # 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Missouri

b. COUNTY: Jackson

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City

d. STREET ADDRESS (If rural, give location): 1309 E 9th

31500

3. NAME OF DECEASED (Type or Print)

a. (First): Albert

b. (Middle): C

c. (Last): Kemper

4. DATE OF DEATH (Month) June (Day) 4 (Year) 53

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED 3

8. DATE OF BIRTH: 10-26-97

9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ELECTRICIAN

10b. KIND OF BUSINESS OR INDUSTRY: UNEMPLOYED

11. BIRTHPLACE (City and State or Foreign Country): KANSAS CITY Mo

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: ARCHUR E. KEMPER

13b. MOTHER'S MAIDEN NAME: MARY FITZHENRY

14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service): NONE

16. SOCIAL SECURITY NO.: 492-18-7282

17. INFORMANT'S SIGNATURE OR NAME: Mary C. Ruhnlein — ADDRESS: 8800 Smart

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchopneumonia, bilateral; fatty metamorphosis of liver; alcoholism.

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.

INTERVAL BETWEEN ONSET AND DEATH: 5811

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

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) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 11, 1953, *to* June 4, 1953, *that I last saw the deceased alive on* June 4, 1953, *and that death occurred at* 9:10 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): B. I. Burns, M.D.

23b. ADDRESS: 24th & Cherry Sts.

23c. DATE SIGNED: 6/5/53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: 6-8-53

24c. NAME OF CEMETERY OR CREMATORY: Mt OLIVET

24d. LOCATION (City, town, or county) (State): KANAS CITY Mo

DATE REC'D BY LOCAL REG.: 6-6-53

REGISTRAR'S SIGNATURE: Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE: John P. Sheil — ADDRESS: K.C. Mo

(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 ..... Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed John P. Sheil

Licensed Embalmer No. 3625

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.