

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **39133**
5463

BIRTH NO.		REG. DIST. NO. <u>149</u>	PRIMARY REG. DIST. NO. <u>1002</u>	Registrar's No.
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>3 DAYS</u>	c. CITY OR TOWN <u>MANASSAS CITY</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>5122 El Monte</u>		<u>6150</u>
3. NAME OF DECEASED (Type or Print) a. (First) <u>Paul</u>		b. (Middle) <u>WILLIAM</u>	c. (Last) <u>Kemp</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>November 15 1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE-14-1901</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>52</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>REGIONAL PARTY AGENTS</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CHEVALEY MOTOR CO. IN MIDWEST</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>WASHINGTON, D.C.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>WILLIAM ROBERT KEMP</u>	13b. MOTHER'S MAIDEN NAME <u>NETTIE MAE WALKER</u>	14. NAME OF HUSBAND OR WIFE <u>MRS. WINIFRED M. KEMP</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>469-09-7111</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. WINIFRED M. KEMP</u>	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gentle Coronary Thrombosis</u> ANTECEDENT CAUSES DUE TO (b) <u>arterio-sclerosis</u> DUE TO (c) <u>Left Bundle Branch Block</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>4201</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <u>11/12</u> , 19 <u>53</u> , to <u>11/15</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>11/15</u> , 19 <u>53</u> , and that death occurred at <u>11:10 P.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Robert O. Mc Clanahan</u> (Degree or title)		23b. ADDRESS <u>820 Professional Bldg</u>		23c. DATE SIGNED <u>11/16/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Nov-18-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FLORAL HILLS CEMETERY</u>
24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>DW NEUMANN</u>		
DATE REC'D BY LOCAL REG. <u>11-18-53</u>		REGISTRAR'S SIGNATURE <u>Steraldine Smith</u>		ADDRESS <u>1351 BRUSH CREEK Kansas City MO.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

Student.....
Signature of Student Embalmer

Signed *Rollie Kessel*.....

Licensed Embalmer No. *4690*

P. O. Address *R. C. W.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.