

FILED MAR 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7307

State File No.

42

1000

267

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

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

I. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 50 yrs		e. STREET ADDRESS (If rural, give location) 2403 Mitchell Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3225 S. 11th Street Parkview Nursing Home			
3. NAME OF DECEASED a. (First) Ella b. (Middle) Louise c. (Last) Kempton			4. DATE OF DEATH (Month) (Day) (Year) March 9, 1955
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 24, 1874
9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____	11. BIRTHPLACE (City and State or Foreign Country) Omaha, Nebraska
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME David Simpson		13b. MOTHER'S MAIDEN NAME Katherine Sharp	14. NAME OF HUSBAND OR WIFE Jerome M. Kempton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Iva Rector St. Joseph, Mo. R#3	
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) Cardiac decompensation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease & fibrillation DUE TO (c) Senescence	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200	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)	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 20 Jan , 1955, to 9 March , 1955, that I last saw the deceased alive on 5 March , 1955, and that death occurred at 4:20P m., from the causes and on the date stated above.			
23a. SIGNATURE William P. McDonald (Degree or title) M.D.		23b. ADDRESS 301 N. 8th St. St. Joseph Mo.	23c. DATE SIGNED 11 March 55
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Mar. 11, 1955	24c. NAME OF CEMETERY OR CREMATORY Forest Lawn Cemetery	24d. LOCATION (City, town, or county) (State) Omaha, Nebraska
DATE REC'D BY LOCAL REG. March 15, 1955	REGISTRAR'S SIGNATURE Kathleen M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Meierhoffer Fleeman St. Joseph, Mo.	

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 *Albert C. Harrington*.....

Licensed Embalmer No. 3258.

P. O. AddressSt. Joseph,

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.