FILED JUN 17 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17506

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 2033

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: St. Josephs Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 15 weeks (Specify whether years, months or days) In this community: 49 years

351

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: Kansas City (If outside city or town limits, write "RURAL")

(d) Street No.: 1005 West 70th Terr. (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: JULIA HELEN STEMPLEMAN

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Harry B. Stempleman

6. (c) Age of husband or wife if alive: 50 years

7. Birth date of deceased: February 29, 1891 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
49	2	15	____ hr. ____ min.

9. Birthplace: Kansas City, Kansas (City, town, or county) (State or foreign country)

10. Usual occupation: At Home

11. Industry or business:

FATHER 12. Name: Thomas Croker

FATHER 13. Birthplace: Ireland (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name: Julia Murphy

MOTHER 15. Birthplace: Ireland (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Harry B. Stempleman

(b) Address: 1005 West 70 Terrace.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/17/40 (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Quirk and Tobin Co

(b) Address: Kansas City, Mo

19. (a) May 16, 1940 (Date received local registrar) (b) M. M. Krome (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 14 year: 1940 hour: 8:35 minute: A M.

21. I hereby certify that I attended the deceased from Jan 31, 1940, to May 14, 1940 that I last saw her alive on May 14, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of liver	about 3 months
Due to: HB	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: Exploratory Jan 31 1940

Of autopsy: No

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? (Specify type of place)

While at work?

(e) Means of injury:

23. Signature: John O. Renner (M. D. or other) M.D.

Address: 1402 Bryant Bldg. Date signed: 6/15/40

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

60M-5-17-39 Rev. 5-17-39 I X19511

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.....Harold [illegible]

Licensed Embalmer No.....4097

P. O. Address.....KC 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, above space should be left blank.