

FILED MAY 14 1951

STANDARD CERTIFICATE OF DEATH

State File No. 11588

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 509

1. 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. LENGTH OF STAY (in this place) 27 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		0117				
d. FULL NAME OF HOSPITAL OR INSTITUTION 1125 Monterey Street				d. STREET ADDRESS (If rural, give location) 1125 Monterey Street 0						
3. NAME OF DECEASED (Type or Print) a. (First) Ella		b. (Middle) Margaret		c. (Last) Dempsey		4. DATE OF DEATH (Month) (Day) (Year) May 8, 1951.				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 23, 1922		9. AGE (In years last birthday) 29	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Grand View, Missouri.			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Lee Adams			13b. MOTHER'S MAIDEN NAME Fern Sage			14. NAME OF HUSBAND OR WIFE Raymond Lloyd Dempsey				
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. ***** None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Raymond L. Dempsey St. Joseph, Missouri.						
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) Nitrate Insufficiency 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. Acute muscular Rheumatism						INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION *** 410K						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Joseph, Buchanan MO						
21d. TIME OF INJURY. (Month) (Day) (Year) (Hour) m. _____		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 May 2, 1951, to May 8, 1951, that I last saw the deceased alive on May 8, 1951, and that death occurred at 10:30A m., from the causes and on the date stated above.										
23a. SIGNATURE Tenton H. Leonard M.D.				(Degree or title)		23b. ADDRESS 324 E. Mo. ave		23c. DATE SIGNED 5/10/1951		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 10, 1951		24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.				
DATE REC'D BY LOCAL REG. May 11, 1951		REGISTRAR'S SIGNATURE Carl E. East			25. FUNERAL DIRECTOR'S SIGNATURE Walter Meierhoffer		ADDRESS St. Joseph, Mo.			

(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 *********

working under my personal supervision.

Student Embalmer No. **** ** ***

Signed.....
*** *** *-*
Student Embalmer

Signed *Albert B. Jackson*

Licensed Embalmer No. **3258 Missouri.**

P. O. Address **St. Joseph, Missouri.**

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.