MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

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WRITE PLAINLY, WITH UNFADING INK—THIS IS 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.

1. PLACE OF DEATH
County Jackson Registration District No. 399 File No. 94
Township Kaw Primary Registration District No. 9?? Registered No. 94
City Kansas City Mo (No. 415 West 11th St. St. .... Ward)

2. FULL NAME Mr Henry J Schepers
(a) Residence. No. 4401 Adams Rosedale Kan Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX: Male	16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 7 1929
4. COLOR OR RACE: White	17. Coroner
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married	I HEREBY CERTIFY, That I attended deceased from ...., 19...., to ...., 19....
5a. If Married, Widowed, or Divorced HUSBAND OF (or) WIFE OF Mrs. Elizabeth Schepers	that I last saw h.... alive on ...., 19...., and that death occurred, on the date stated above, at 1-15 P.m.
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 1 1898	THE CAUSE OF DEATH* was as follows: Lumbar Pneumonia
7. AGE Years 30 Months 4 Days 6 If LESS than 1 day, ...hrs. or ....min.	167 / 170 (duration) yrs. mos. ds.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Salesman	CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.
(b) General nature of industry, business, or establishment in which employed (or employer) Lumber	18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
(c) Name of employer Schutte Lumber Co.	DID AN OPERATION PRECEDE DEATH? No DATE OF
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.	WAS THERE AN AUTOPSY? No
PARENTS 10. NAME OF FATHER Louis Schepers	WHAT TEST CONFIRMED DIAGNOSIS? Inspection & History
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Belgium	(Signed) [illegible] M.D.
12. MAIDEN NAME OF MOTHER Theresa	1/7/, 1929 (Address) Coroner
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Belgium	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
14. INFORMANT Mrs. Elizabeth Schepers (Address) 4401 Adams	19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Shawnee — DATE OF BURIAL: Jan. 9 1929
15. FILED Jan 8, 1929 M M. Crowe REGISTRAR	20. UNDERTAKER: H.W.Gates — ADDRESS: K.C.K.

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