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.

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

Do not use this space.

36562

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 4485
Township Kaw — Primary Registration District No. 1002 — Registered No. 4485
City Kansas City (No. Trinity Hospital St. Ward)

2. FULL NAME Virginia Elsie Schopen
(a) Residence, No. 907 Benton St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: J. H. Schopen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 16, 1898

7. AGE: Years 35 — Months 2 — Days 28 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Glasgow Missouri

FATHER
13. NAME: J. A. Henshaw
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER
15. MAIDEN NAME: Effie Horton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): J. A. Henshaw 907 Benton

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE Nov. 16th. 1933

19. UNDERTAKER (ADDRESS): Freeman Mortuary Kansas City, Mo.

20. FILED Nov 15, 1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11-14-33, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1933, to Nov 14, 1933
I last saw her alive on Nov 14, 1933. Death is said to have occurred on the date stated above, at 7 a m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Cervix — Date of onset
48
139c
46

Other contributory causes of importance:
Post operative shock

Name of operation Histarectomy Date of Nov 13, 1933
What test confirmed diagnosis? microscopy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) George C. Lee, M. D.
(Address) 1002 Argyle Bldg Kansas City, Mo.