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

NOV 18 1936

Do not use this space.

41279

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township ~~Kaw~~ — Primary Registration District No. 1002
City Kansas City (No. 3623, Paseo St. Ward)
File No.
Registered No. 4050

2. FULL NAME Joseph Kupper
(a) Residence, No. 3623 Paseo St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? 22 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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 Helen Kupper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30, 1880

7. AGE — YEARS: 56 — MONTHS: 6 — DAYS: 13 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Agent
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pullman Laundry Co
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) Poland

FATHER
13. NAME Samuel Kupper
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

MOTHER
15. MAIDEN NAME Baila Kupper
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

17. INFORMANT Helen Kupper
(ADDRESS) 3623 Paseo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sheffield Cem. KC Mo. DATE Nov. 15, 1936

19. UNDERTAKER T. P. Louis Funeral Home
(ADDRESS) 3400 Woodland Ave. KC. Mo.

20. FILED Nov 19, 1936 M. M. Grown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1936, to Nov 13, 1936
I last saw him alive on Nov 8, 1936. Death is said to have occurred on the date stated above, at 3 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	June 1936
Peritoneal metastasis	

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? X-rays 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? none
If so, specify
(Signed) Leo H. Pollock, M. D.
(Address) 1314 Bryant Bldg

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.