

REC'D MAR 9 1938

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

13811  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Dawn Primary Registration District No. 1002 Registered No. 1791  
 (c) City Kansas City (d) Street No. General Hosp. St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Ann Schupan 150

(a) Residence, No. 3607 Paseo St.  (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 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 Manuel Schupan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 20, 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
39 8 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Apartment  
 9. Industry or business in which work was done, as saw mill, bank, etc. Manager  
 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) Chicago Ill.

FATHER 13. NAME Isaac Pivon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER 15. MAIDEN NAME Lena Fister

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago

17. INFORMANT (ADDRESS) Manuel Schupan 3607 Paseo

18. BURIAL, CREMATION, OR REMOVAL PLACE Chicago Ill. DATE 4-27-38

19. FUNERAL DIRECTOR (ADDRESS) J. P. Louist Funeral Home City

20. FILED Apr 27, 1938 M. M. Browne Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 26 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_

I last saw him Deputy Coroner active \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred \_\_\_\_\_ m. The principal cause of death and related causes of importance were as follows:

Arterial poisoning  
Intra uterine pregnancy (4 mo)  
 Other contributory causes of importance: 163

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide suicide Date of injury 4-26-38  
 Where did injury occur? K.C. Mo (Specify the town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Self administered rat poate  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? If so, specify \_\_\_\_\_

(Signed) W. H. ... M. D.  
 (Address) Gen Hosp, K.C. Mo

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. WHITE PRINTED, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1 X12600

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

**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.)**