

FILED SEP 5 1940
Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No.

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Lukes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 weeks**
(Specify whether years, months or days)
In this community **13 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kansas** (b) County **Wyandotte**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **730 Simpson**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **EDWARD WALTER GOEPFERT** **163**

3. (b) If veteran, **8/2/11-8/34/14** (c) Social Security name war **Phillipine** No. **510-07-0020**

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Ada Goepfert** 6. (c) Age of husband or wife if alive **32** years

7. Birth date of deceased **March 19, 1891**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	49	4	18	hr. _____ min.

9. Birthplace **Enterprise, Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Truck Driver**

11. Industry or business **Rendering Co.**

12. Name **Mark Goepfert**
18. Birthplace **Switzerland**
(City, town, or county) (State or foreign country)

14. Maiden name **Verna Unknown**
15. Birthplace **Switzerland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ada Goepfert**
(b) Address **730 Simpson, Kansas City, Ka.**

17. (a) **Burial** (b) Date thereof **8/9/40**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Maple Hill**

18. (a) Signature of funeral director **Geo. De Long**
(b) Address **Kansas City, Kansas**

19. (a) **Aug. 9, 1940** (b) **M. M. Craue**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **6**
year **1940** hour _____ minute **50 A.M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: **Malignant Endocarditis**
Due to **Heart failure**
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work _____ (Specify type of place) (e) Means of injury **!**
23. Signature **Thomas L. Henry** (M. D. or other) _____
Address **St. Lukes Hospital** Date signed _____

Duration **?**
PHYSICIAN
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

mc

18758
143

Ree Miller, 5432 Wyandotte
Hi 0967

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 by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Chas. H. Rider

Licensed Embalmer No. *2404*

P. O. Address *Kansas City, Kan*

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, above space should be left blank.