

No. 2  
4-13-40  
-17-39  
I X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 37867

Registration District No. 3989

Priority Registration District No. 1002

Registrar's No. 4465

STAMPED DEC 11 1940

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of Hospital or Institution St Lukes Hospital  
(d) Length of stay: In hospital or institution 4 days  
In this community 10 yrs

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 2258 E 77th Terrace  
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME John M. Zopf  
(b) If veteran, name war 34 (c) Social Security No. 495-25-5725

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov. day 21  
year 1940 hour 6:30 minute A. M.

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced, ~~married~~  
6. (b) Name of husband or wife Clara  
6. (c) Age of husband or wife if alive 47 years  
7. Birth date of deceased Oct 18 1893

21. I hereby certify that I attended the deceased from Oct. 18 1940 to Nov. 21 1940  
that I last saw him alive on Nov. 21 1940  
and that death occurred on the date and hour stated above.  
Immediate cause of death Coronary Thrombosis 14 hrs

8. AGE: Years 57 Months 1 Days 3 If less than one day hr. min.

Due to  
Due to

9. Birthplace Indianapolis Ind

Other conditions Retroperitoneal sarcoma approx 9 mos

10. Usual occupation Maga  
11. Industry or business Key Stal Mfg Co

Major findings: Of operations exploratory laparotomy  
Retroperitoneal sarcoma  
Of autopsy coronary thrombosis and retroperitoneal sarcoma

MOTHER FATHER  
12. Name not known  
13. Birthplace not known  
14. Maiden name not known  
15. Birthplace not known

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

16. (a) Informant Mr. Clara M Zopf  
(b) Address 2258 E 77th

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence

17. (a) Burial (b) Date thereof 11-23-1940  
(c) Place: burial or cremation Memorial Park

(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?

18. (a) Signature of funeral director Bentley Martiny  
(b) Address 5811 9th St Kansas City Mo

While at work? (Specify type of place)  
(c) Means of injury

19. (a) 11-23-40 (b) M. M. Browne  
(Date received local registrar) (Registrar's signature)

23. Signature F. J. Wilson (M. D. or other) M. D.  
Address 215 Plaza Med. Bldg. Date signed 11/22/40

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

Mr F. I. Wilson

**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 Ray Buffington  
Licensed Embalmer No. 3756

P. O. Address 1507

**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, fact should be so stated above.**