

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **61**

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 **General Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **9 days** (Specify whether  
In this community **69 yrs**  
years, months or days)

3. (a) PRINT FULL NAME **Louisa Haperla**

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **April 27 1871**  
(Month) (Day) (Year)

8. AGE: Years **69** Months **8** Days **8** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Laundress**

11. Industry or business **Home Bug Cleaning Co.**

12. Name **Antonette Haperla**

13. Birthplace **1 New York**  
(City, town, or county) (State or foreign country)

14. Maiden name **Louise Burk**

15. Birthplace **4 Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mary Haperla**

(b) Address **416 Clark**

17. (a) **Burial** (b) Date thereof **Jan 8 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill**

18. (a) Signature of funeral director **State Funeral Home**

(b) Address **Kansas City Kansas**

19. (a) **Jan 6 1941** (b) **M. M. Brown**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**  
(c) City or town **Kansas City** **3**  
(If outside city or town limits, write "RURAL") **8**  
(d) Street No. **416 Clark Hosp** **5**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **5th**  
year **1941** hour **9** minute **50 A.M.**

21. I hereby certify that I attended the deceased from **12-27-40**, 19\_\_\_\_ to **1-5-41**, 19\_\_\_\_  
that I last saw her alive on **1-5-41**, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Cardiac decompensation; Chronic nephritis  
Malnutrition and Senility**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **See above**

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 \_\_\_\_\_

28. Signature **Bruce R. Shaw** (M. D. or other)  
Address **Med. Dir. K.C. Gen. 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

MOTHER FATHER

**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 W. Ross Blanford

Licensed Embalmer No. 7055

P. O. Address State Street 41

**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.**