

No. 2
-13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9837

State File No.

1246

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:
4232 Genessee
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution All his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
4232 Genessee

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Albert Carl Kupersmith

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Dorothy Kupersmith 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased August 8 1888
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>7</u>	<u>19</u>	hr. _____ min. _____

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

10. Usual occupation Sheet Metal Worker

11. Industry or business Kupersmith Sht Metal Wks

12. Name Gebhardt Kupersmith

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Theresa Schumacher

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

16. (a) Informant Mrs. Dorothy Kupersmith

(b) Address 4232 Genessee

17. (a) Burial (b) Date thereof 3-29-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J. M. Wagner
(b) Address Kansas City, Mo.

19. (a) 3-28-41 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 27
year 1941 hour 4 minute 20 A. M.

21. I hereby certify that I attended the deceased from Jan 1921 to 3/29/41, 1941;
that I last saw him alive on 3/26/41, 1941
and that death occurred on the date and hour stated above

Immediate cause of death: Acute dilatation of heart Duration Sudden

Due to Cardiomyopathy 20 yrs

Due to Rheumatic heart disease 22 yrs.

Other conditions: 1/2 10
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: _____

Of operations: _____

Of autopsy: _____

Underline the cause to which death should be charged statistically.

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? _____

(Specify type of place) _____ (a) Means of injury D

23. Signature A. C. Connell (M. D. or other) _____
Address 810 Medical Art Bldg Date signed 3/29-41

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

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

Alvin R. Haunschild

Licensed Embalmer No. *4159*

P. O. Address *K. C. Mo.*

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.