V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 3 1942

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26465

Primary Registration District No. 1002

Registrar's No. 3221

48
3
8

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:
4019 Linwood Blvd. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ----- (Specify whether years, months or days)
In this community 19 Years

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")
(d) Street No. 4019 Linwood Blvd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ----- 0

3. (a) PRINT FULL NAME Mrs. Christena Barbara Opperman

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female /

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Mr. John Opperman

6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased May (Month) 11 (Day) 1861 (Year)

8. AGE: Years 81 Months 3 Days 16 If less than one day ____ hr. ____ min.

9. Birthplace Plattsville (City, town, or county) Wisconsin / (State or foreign country)

10. Usual occupation At Home

11. Industry or business -----

FATHER
12. Name George Fink
13. Birthplace Plattsville (City, town, or county) Wisconsin / (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mrs. Rosie Whipple
(b) Address 4019 Linwood Blvd.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug. 30, 1942 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Eldorado, Kansas

18. (a) Signature of funeral director O. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 8-28-42 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27th year 1942 hour 11 minute 57 A. M.

21. I hereby certify that I attended the deceased from July 29, 1942 to August 1, 1942 that I last saw he alive on August 1, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	5 days
Due to Hypertension	sev. yrs.
Due to arteriosclerosis	sev yrs.
Other conditions (Include pregnancy within 3 months of death) 0	

Major findings:
Of operations
Of autopsy

PHYSICIAN
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)
While at work? (e) Means of injury 0

23. Signature Cecil M. Kahn (M. D. or other) M.D.
Address 436 Grand Bldg Date signed 8/28/42

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(Licensed Embalmer's Statement on Reverse Side)

436 Professional Bldg.
11:30-4:30

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 C. Hervey Dusenberry

Licensed Embalmer No. 4070

P. O. Address KC 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.