

FILED FEB 3 1944

Registration District No. **109**

Primary Registration District No. **1002**

Registrar's No. **120**

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of townships)  
(c) Name of hospital or institution: **K. C. General Hospital No. 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 day**  
(Specify whether  
In this community **29 yrs.**  
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")  
(d) Street No. **7100 E. 13**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Nick Oepk**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **496-10-8434**

4. Sex **Male** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Daphia Oepk** 6. (c) Age of husband or wife if alive **45** years  
7. Birth date of deceased **7 15 1885**  
(Month) (Day) (Year)

8. AGE: Years **58** Months **5** Days **23** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Laborer**

11. Industry or business **Foundry**

MOTHER FATHER { 12. Name **No Record**  
13. Birthplace **No Record** 9  
(City, town, or county) (State or foreign country)  
14. Maiden name **No Record**  
15. Birthplace **No Record** 9  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Daphia Oepk**

(b) Address **7100 E 13 K C Mo**

17. (a) **Burial** (b) Date thereof **1-11-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hightland Pk Cem. K C Mo**

18. (a) Signature of funeral director **John P. Stahl**

(b) Address **6626 Independence**

19. (a) **Jan 10 1944** (b) **J. B. Brown**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **8**  
year **1944** hour **2** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **January 7 1944** to **January 8 1944**  
that I last saw him alive on **January 8 1944**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchogenic Carcinoma**

Due to \_\_\_\_\_

Due to **47c**

Other conditions (Include pregnancy within 3 months of death)

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

Duration  
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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (Means of injury)

23. Signature **A. E. Upster** (M. D. or other) **M.D.**  
Address **Med. Dir. Gen'l Hosp.** Date **Jan 10-44**

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.....

*John P. Shea*

Licensed Embalmer No. *3125*

P. O. Address *K 6 400*

**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.**