

FILED MAY 25 1944
7/4/44

Registration District No.

Primary Registration District No. 1002

Registrar's No. 2105

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town KANSAS CITY, MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7031 CHESTNUT /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 7 DAYS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MD (b) County BATES
(c) City or town RICH HILL
(If outside city or town limits, write "RURAL")
(d) Street No. SOUTH 6TH
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME CLARA M. SCHOPPER

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

20. DATE OF DEATH: Month MAY day 13
year 1944 hour only minute 1:30 A.M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw h_____ alive on _____, 19____
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced /

6. (b) Name of husband or wife ALBERT SCHOPPER 6. (c) Age of husband or wife if alive 48 years

Immediate cause of death Heart failure Duration _____

7. Birth date of deceased: DECEMBER 27 1896
(Month) (Day) (Year)

Due to Accid Independent
118:7

8. AGE: Years 47 Months 4 Days 15 hr. _____ min. _____

Due to she was a stranger to me & found her dead. D. Howarth PHYSICIAN

9. Birthplace KANSAS CITY MO
(City, town, or county) (State or foreign country)

Other conditions to me & found her dead. D. Howarth

10. Usual occupation HOUSEWIFE

Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

22. If death was due to external causes, fill in the following:

12. Name SEBASTIAN WEIGEL

13. Birthplace DONT KNOW GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name MARGARET NEFF

15. Birthplace DONT KNOW GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant Mella Farrell

(b) Address RICH HILL, MD.

17. (a) ~~REMOVAL~~ (b) Date thereof MAY 13 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation EXPORA, KANSAS

18. (a) Signature of funeral director Schubert Funeral Home

(b) Address Lawrence Home

19. (a) 5-15-44 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

(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 _____

23. Signature D. Howarth (M. D. or other) _____
Address 7121 Poplar Date signed 5-13-44

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

MOTHER FATHER

AUG 18 1944

JUL 25 1947

FEB 10 1950

SEP 11 1944

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

Harlyn Doe

Licensed Embalmer No. 2810

P. O. Address. K C 220

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.