

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

120852

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **2428**

FILED JUN 22 1944

Registration District No. **149**

Primary Registration District No. **1002**

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:
Sheffield Steel Corp., 6900 Roberts
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community **44 years** (years, months or days)

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. **3533 Brooklyn Avenue**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No) **10**
If yes, name country _____

3. (a) PRINT FULL NAME **Adam Schoap**

(b) If veteran, name war **no**

(c) Social Security No. **486-10-2646**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **5th**
year **1944** hour **10:45 P** M.

21. I hereby certify that I attended the deceased from **9/30**, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex **male** 0

5. Color or race **white**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Lettisha B. Schoap**

6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **October 2nd 1884**
(Month) (Day) (Year)

Immediate cause of death **Chronic nephritis, myocarditis, acute pulmonary edema**

Due to _____

Due to _____

8. AGE: Years **59** Months **8** Days **3**
If less than one day _____ hr. _____ min.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings of operations _____

Of autopsy **See of file**

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

10. Usual occupation **Hoisting Engineer**

11. Industry or business **Sheffield Structural Steel**

12. Name **Phillip Schoap**

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

14. Maiden name **Mary Weiderman**

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

16. (a) Informant **Mrs. Lettisha Schoap**

(b) Address **3533 Brooklyn**

17. (a) **Burial** (b) Date thereof **6-8-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Washington**

18. (a) Signature of funeral director **Freeman Mortuary**

(b) Address **104 West 42nd Street, K. C., Mo.**

19. (a) **6-7-44** (b) **D. E. Brown**
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature **[Signature]** 3 (M. D. or grade)
Address **[Address]** Date signed **6/6/44**

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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(Licensed Embalmer's Statement on Reverse Side)

JUN 3 1947

JUN 24 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 Elmer C. Wedekin

Licensed Embalmer No. 3495

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.