. S. No. 2
00M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26888

FILED SEP 7 1944

Registration District No. 49

Primary Registration District No. 1002

Registrar's No. 3373

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: Menorah Hosp (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 3 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. 2819 E 9th St. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Helen Klopper

3. (b) If veteran, name war ✓ no

3. (c) Social Security No. None

4. Sex Fel

5. Color or race Wh

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug (Month) 5 (Day) 1941 (Year)

8. AGE: Years 3 | Months 0 | Days 11 | If less than one day hr. min.

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

10. Usual occupation Child.

11. Industry or business

FATHER
12. Name Rubin Klopper
13. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Cyril Earnest
15. Birthplace Nashville (City, town, or county) Tenn (State or foreign country)

16. (a) Informant Cyril Klopper

(b) Address 2819 E 9th

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

(c) Place: burial or cremation Blue Ridge Cem.

18. (a) Signature of funeral director J. Phovis Funeral Home

(b) Address K.C. Mo.

19. (a) 8-16-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16 year 1944 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug. 15, 1944 to Aug 16, 1944 that I last saw her alive on Aug. 16, 1944, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Yellow Atrophy of Liver

Due to Unknown cause

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Acute Yellow Atrophy of Liver

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? (Specify type of place)

While at work (e) Means of injury

23. Signature Adrian L Pollock (M. D. or other)

Address 628 Prof. Bldg Date signed 8/16

360

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 8110

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.