V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33236

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4312

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: 3229 EAST 9TH STREET
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ----- 1 (Specify whether
In this community 31 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 3229 EAST 9TH STREET
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ----- 0

3. (a) PRINT FULL NAME MR. FRANK HENRY KAPPELMAN

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

4. Sex 0 MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced 2 WIDOWED

6. (b) Name of husband or wife MRS. LISSETTE KAPPELMAN 6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased NOVEMBER (Month) 24 (Day) 1860 (Year)

8. AGE: Years 73 Months 11 Days 2 If less than one day ..... hr. ..... min.

9. Birthplace UNION (City, town, or county) 0 MISSOURI (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business FARMER

FATHER
12. Name F. H. KAPPELMAN
13. Birthplace UNKNOWN (City, town, or county) 4 GERMANY (State or foreign country)

MOTHER
14. Maiden name LOUISE GRANNEMAN
15. Birthplace UNKNOWN (City, town, or county) 4 GERMANY (State or foreign country)

16. (a) Informant MRS. W. E. PHILLIPS

(b) Address 3229 EAST 9TH STREET

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT 28 1944 (Month) (Day) (Year)

(c) Place: burial or cremation MT. MORIAH CEM.

18. (a) Signature of funeral director D. N. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 10-27-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 26TH year 1944 hour 9 minute 00 A.M.

21. I hereby certify that I attended the deceased from 6-10-1943 ....., 19....., to 10-26, 1944, that I last saw him alive on 10-26-, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis — Duration 3-4 yrs

Due to

Due to Senility

Other conditions
(Include pregnancy within 3 months of death) 93d

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 —

23. Signature Dr. S. D. Rumey (M. D. or other) D.O.

Address 900 Benton K.C. Date signed 10-27-44

56 1

(Licensed Embalmer's Statement on Reverse Side) Ch 6391

Dr. [redacted] January
3210 East 116th Street
12:30 P.M.

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 J. W. Newcomer Jr.

Licensed Embalmer No. 40431

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.