S. No. 2
0M—2-43
v. 5-17-39
-1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 22 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 49413

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5100

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: 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: 5 days (Specify whether years, months or days)
In this community: 2 yrs.

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") 3
(d) Street No.: 1014 Broadway (If rural, give location) 3
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Arthur Weinper
3. (b) If veteran, name war: No
3. (c) Social Security No.: no
4. Sex: Male
5. Color or race: Wh.
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Frieda
6. (c) Age of husband or wife if alive: 48 years
7. Birth date of deceased: August (Month), 4 (Day), 1894 (Year)

8. AGE:

Years	Months	Days	If less than one day
50	4	10	hr. min.

9. Birthplace: Spuchen (City, town, or county) Poland 4 (State or foreign country)
10. Usual occupation: Cutter
11. Industry or business: Ladies Wear
12. Name (Father): Phillip Weinper
13. Birthplace (Father): Poland 4 (City, town, or county) (State or foreign country)
14. Maiden name (Mother): Anna Weinper
15. Birthplace (Mother): Poland 4 (City, town, or county) (State or foreign country)
16. (a) Informant: Phil Weinper
(b) Address: Brooklyn N. Y.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 12-16-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Brooklyn N. Y.
18. (a) Signature of funeral director: Louis A. Long
(b) Address: K. C. Kansas
19. (a) 12-15-44 (Date received local registrar) (b) T. E. Brown (U3) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14 year 1944 hour 11 minute 5 P. M.
21. I hereby certify that I attended the deceased from Dec. 9, 1944, to Dec. 14, 1944; that I last saw him alive on Dec. 14, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death: Shock following resection for gangrenous gut — Duration

Due to:

Due to:

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

Major findings: Of operations:

Of autopsy: See above

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: W. E. Upsher (M. D. or Coroner)
Address: Med. Dir. Gen'l Hosp. Date signed: 12-15-44

(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 Louis A. Long

Licensed Embalmer No. 3417

P. O. Address K. C. Kansas

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.