

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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:
2542 Summit
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 60 Years (Specify whether
 In this community 60 Years 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. 2542 Summit
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 11

3. (a) PRINT FULL NAME Theresa Kupersmith

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Gebhardt Kupersmith 6. (c) Age of husband or wife if alive years

7. Birth date of deceased June 19 1856
 (Month) (Day) (Year)

8. AGE: Years 90 Months 5 Days 19 If less than one day hr. min.

9. Birthplace Unknown Germany
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Joseph Shumacher

13. Birthplace Unknown Germany
 (City, town, or county) (State or foreign country)

14. Maiden name Anna Merkt

15. Birthplace Unknown Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant Julius J. Kupersmith

(b) Address 2542 Summit

17. (a) Burial (b) Date thereof Dec. 10, 46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Duirk and Robin

(b) Address 20 W. Linwood

19. (a) 12-10-46 (b) St. Geraldine Holmes
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8th day Dec
 year 1946 hour 6:40 minute 9 M.

21. I hereby certify that I attended the deceased from Dec 1
1944 to Dec 8 1946
26 Nov
 that I last saw alive on 26 Nov 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis Duration 2 wks.

Due to Cardiovascular 10 yrs
arteriosclerosis

Due to long standing Rheumatoid 20 yrs
arthritis
senility

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ASD

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?

While at work? (Specify type of place) (c) Means of injury 11

23. Signature P. J. O'Connell MD (M. D. or other)

Address 377 Angyle Alley Date signed 12-10-46

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

2
45
39
47070

FILED DEC 24 1946

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 Howard W. Farmer

Licensed Embalmer No. 4134

P. O. Address Kansas City, 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.