

7. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36571

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 12 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13525
1888
Registrar's No.

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Missouri
(c) Name of hospital or institution Children's Mercy Hospital
(d) Length of stay: In hospital or institution 28 hrs, 20 min
In this community see above

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Leavenworth
(c) City or town Leavenworth
(d) Street No. 1212 Kenton
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Francis E. Kopp
3. (b) If veteran, name war. no
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 4 day 27 year 1947 hour 1 minute 45 A.M.
21. I hereby certify that I attended the deceased from 4-25 1947 to 4-27 1947

4. Sex m Color or race W
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 16, 1945

that I last saw h. alive on 19. and that death occurred on the date and hour stated above.
Immediate cause of death Lipoid pneumonia

8. AGE: Years 2 Months 1 Days 7 & 11

Due to Aspiration of Foreign Body (Peanut) RLL.
Due to
Other conditions
Major findings: Of operations
Of autopsy

9. Birthplace St. Joseph Missouri
10. Usual occupation Child
11. Industry or business

PHYSICIAN
Underline the cause to which death should be charged statistically.
195-18
19
Above

12. Name Francis William Kopp
13. Birthplace Leavenworth Kansas
14. Maiden name Sarah Bernice Farmer
15. Birthplace Leavenworth Kansas

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 136
(b) Date of occurrence 4-25-47
(c) Where did injury occur Seaman's Leavenworth Kans.
(d) Did injury occur at or about home, on farm, in industrial place, in public place?
While at work? at home
Means of injury peanut

16. (a) Informant Francis William Kopp
(b) Address 1212 Kenton, Leavenworth, Mo.
17. (a) Removal (b) Date thereof 4-27-47
(c) Place: burial or cremation Seaman's Kans
18. (a) Signature of funeral director
(b) Address
19. (a) 4-27-47 (b) Geraldine Holmes

6 Donnell Funeral Home (Licensed Embalmer's Statement on Reverse Side)

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

8
3
8

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.....

P. O. Address.....

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.