. S. No. 2
OM—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31439

FILED SEP 23 1947

Registration District No. 189

Primary Registration District No. 1002

Registrar's No. 3917

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: General Hospital No. 1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether

In this community about 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 703 E. 12 St. 8
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Max Shophofen

3. (b) If veteran, name war None

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct. (Month) 4 (Day) 1863 (Year)

8. AGE: Years 83 | Months 11 | Days ~~24~~ 6 | If less than one day hr. min.

9. Birthplace Chicago, Illinois 1
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Amer. Steam Dye Works

FATHER
12. Name Unknown
13. Birthplace Unknown 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk 1

(b) Address K. C. General Hosp.#1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-15-47 (Month) (Day) (Year)

(c) Place: burial or cremation Mt.Calvary:K.C.Kan.

18. (a) Signature of funeral director Weilert Funeral Home

(b) Address Kansas City, Missouri

19. (a) 9-13-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10
year 1947 hour 5 minute 25 P. M.

21. I hereby certify that I attended the deceased from Sept. 7, 1947, to Sept. 10, 1947; that I last saw him alive on Sept. 10, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congestive heart failure	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93e

Of autopsy None

PHYSICIAN

Underline the cause of 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 0

23. Signature Wm W. Hart (M. D. or other) MD

Address Med. Dir. Gen'l Hosp. Date signed 9-11-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Pogesen

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 Blaine E. Weibert

Licensed Embalmer No. 4075

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.