

FILED NOV 29 1947/49
Registration District No. _____

Primary Registration District No. 1202

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: 2822 Peery
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether)
In this community 42 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. 2822 Peery (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph J. KOPEK

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Pauline Kopek 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased August 15, 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 3 6 _____ hr. _____ min.

9. Birthplace Krakow, Poland
(City, town, or county) (State or foreign country)

10. Usual occupation Tailor, (Retired)

11. Industry or business _____
12. Name John Kopek
13. Birthplace Unknown Poland
(City, town, or county) (State or foreign country)
14. Maiden name Katherine Ludo
15. Birthplace Unknown Poland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pauline Kopek
(b) Address 2822 Peery, K. C., Mo.

17. (a) Burial (b) Date thereof 11-24-47
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Melody-McGilley-Eylar
(b) Address Kansas City, Missouri

19. (a) 11-21-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21
year 1947 hour 1 minute 15 A.M.

21. I hereby certify that I attended the deceased from Nov-15
1947 to Nov-21, 1947
that I last saw him alive on Nov 21, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia
Due to Chronic Myocarditis

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 938
Of autopsy _____

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 E. P. Reese (M. D. or other) MD
Address 3309 E. 12 Date signed 11-21-47

Duration 3 days
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

Dr. E. D. Reese
3309 E. 12th

1912

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.....

Thomas J. Carter

Registered Apprentice No. *500*

working under my personal supervision.

Signed.....

W. J. ...

Licensed Embalmer No. *2999*

P. O. Address..... *72*

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.