. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41761

FILED DEC 26 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5214

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

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: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Week (Specify whether
In this community 67 Years
years, months or days)

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")
(d) Street No. 5714 Charlotte Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME GUSTAVE M. KROPFF
3. (b) If veteran, name war No
3. (c) Social Security No. 486-03-5026
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Sophie Kropff
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased August (Month) 27th (Day) 1875 (Year)

8. AGE: Years 72 Months 3 Days 12 If less than one day hr. min.

9. Birthplace Indianopolis (City, town, or county) Indiana (State or foreign country)
10. Usual occupation Salesman
11. Industry or business William Volker Company
FATHER
12. Name Gustave Kropff
13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Anna Huhn
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Mrs. Sophie Kropff
(b) Address 5714 Charlotte Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-12-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cemetery
18. (a) Signature of funeral director Freeman Mortuary & Chapel
(b) Address 104 West 42nd. St. Kansas City, Mo.
19. (a) 12-11-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9th. year 1947 hour 6:30 minute P. M.

21. I hereby certify that I attended the deceased from 12/2 1947, to 12/9 1947 that I last saw him alive on 12/9 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Ac Congestive Heart failure — Duration 2 hrs

Due to: Chr Myocardial Changes

Due to: Anemia (primary) Several yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 93 l
Of autopsy Ex abam Stated

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

23. Signature [signature] (M. D. or other)
Address 1130 Professional Bldg. Date signed 12/10/47

Jefferson City Printing Co.

(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 Walter H. Erwin

Licensed Embalmer No. 4352

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.