

FILED MAR 27 1948
Registration District No. 149

Primary Registration District No. 1001

Registrar's No.

WRITE PLAINLY—USE 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: St. Joseph Menorah Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks (Specify whether)
In this community 45 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. 6442 Wornall Rd.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Rebecca ~~Klopper~~ KLAPPER

3. (b) If veteran, name war XX 3. (c) Social Security No. XX

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

6. (b) Name of husband or wife Gabriel 6. (c) Age of husband or wife if 3 years

7. Birth date of deceased November 5 1879
(Month) (Day) (Year)

8. AGE: Years 68 Months 4 Days 14 If less than one day
hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Jacob Green

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

14. Maiden name Rose (unknown)

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

16. (a) Informant Mrs. Dave Horovitz

(b) Address 6442 Wornall Road

17. (a) Burial (b) Date thereof 3 21 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill

18. (a) Signature of funeral director J. P. Louis Funeral Home

(b) Address 3400 Woodland Ave., K. C., Mo.

19. (a) 3-20-48 (b) Sheldine Holmes
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 19 1948
Month year hour minute M.

21. I hereby certify that I attended the deceased from Feb 20 1948 to March 19 1948
that I last saw her alive on March 15 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Acute coronary
Due to occlusion

Other conditions occlusion
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 94a

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 _____ Means of injury _____
23. Signature William G. ... (M. D. or other) _____
Address 420 Prof Date signed 3/20/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

A. L. Lewis

Licensed Embalmer No. *3110*

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.