

FILED JUL 22 1948
Registration District No. 449

State File No. _____
Registrar's No. 2864

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Menorah
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6-15 to 7-10
(Specify whether years, months or days) 25 DAYS

3. (a) PRINT FULL NAME Mrs. Elsa Klopp
3. (b) If veteran, name war No 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Benjamin Klopp 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased: Oct 27, 1900
(Month) (Day) (Year)

8. AGE: Years 47 Months 8 Days 13 If less than one day hr. min.

9. Birthplace: BUFFALO, NEW YORK
(City, town, or county) (State or foreign country)

10. Usual occupation: HOUSEWIFE

11. Industry or business: AT HOME

MOTHER FATHER { 12. Name: HANS SCHMIDT
13. Birthplace: HANOVER, GERMANY
(City, town, or county) (State or foreign country)
14. Maiden name: HELEN SCHOELLROPE
15. Birthplace: BUFFALO, NEW YORK
(City, town, or county) (State or foreign country)

16. (a) Informant: Benjamin Klopp
(b) Address: Derby, New York

17. (a) CREMATION (b) Date thereof: JULY 11 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: D. W. NEWCOMER'S SAWS

18. (a) Signature of funeral director: D. W. Newcomer's Saws

(b) Address: 1401 Brush Creek Blvd.

19. (a) 7-11-48 (b) Alma Edine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State N.Y. (b) County ERIE 999
(c) City or town DePuy 30
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 2
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10
year 1948 hour 10 minute 45 P. M.
21. I hereby certify that I attended the deceased from 6-15-48
19____, to 7-10 19____
that I last saw her alive on 7-10 19____
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of liver
Due to: (primary lesion not yet determined)
Due to: _____
Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of liver
Of operations: _____
Of autopsy: Carcinoma of liver

PHYSICIAN
Underline the cause to 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? _____

While at work? _____ (Specify type of place)
(e) Means of injury: _____

23. Signature: [Signature] (M. D. or other) _____
Address: [Address] Date signed: 7-11-48

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 Edward M. Stare

Licensed Embalmer No. 44520

P. O. Address. K. C. 4 M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2864

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:
Menschel Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME

Elsa Klopp

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

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

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

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 7-11-48 (b) Stearldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 10 Year 1948 Hour 7 minute 10 P. M.

21. I hereby certify that I attended the deceased from _____ to _____
that I last saw him/her alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Duration _____

Due to Carcinoma of liver
primary lesion

Due to Carcinomatous polyp
of rectum

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

Major findings: 462
Of operations Carcinoma of liver

Of autopsy Carcinoma of liver

PHYSICIAN

Underline the cause to 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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature _____ (M. D. or other)

Date signed _____

MOTHER FATHER

SUPPLEMENTARY

S-23103