

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8760**
Registrar's No. **1179**

BIRTH NO. FILED MAR 31 1954 REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 47 yrs.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home for Jewish Aged		e. STREET ADDRESS (If rural, give location) 7801 Holmes 3950	
3. NAME OF DECEASED (Type or Print) a. (First) Meyer b. (Middle) Klopper c. (Last) Klopper		4. DATE OF DEATH (Month) (Day) (Year) 3-14-54	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-15-27
9. AGE (In years last birthday) 26		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Grocer	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Poland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Morris Joseph Klopper		13b. MOTHER'S MAIDEN NAME (Unknown)	
14. NAME OF HUSBAND OR WIFE Jennie		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Oscar Klopper	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		19. ADDRESS 2242 Grand	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 1 DAY	
ANTECEDENT CAUSES DUE TO (b) Hypertension		41-5	
DUE TO (c) Arterio-sclerosis		41-5	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>15 Nov</u>, 19<u>50</u>, to <u>14 Mar</u>, 19<u>54</u>, that I last saw the deceased alive on <u>3-14</u>, 19<u>54</u>, and that death occurred at <u>10 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE B. Marcus Heller (Degree or title) C		23b. ADDRESS 409 E. 67th St.	
23c. DATE SIGNED 3-15-54		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 3-16-54		24c. NAME OF CEMETERY OR CREMATORY Sheffield	
24d. LOCATION (City, town, or county) (State) Kansas City, Mo.		DATE REC'D BY LOCAL REG. 3-16-54	
REGISTRAR'S SIGNATURE Steraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE Louis Fun'l Home	
ADDRESS K.C. Mo.			

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 Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Henry Buffington*.....

Licensed Embalmer No. *275*.....

P. O. Address..... *H. C. M.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.