

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

17902

**1. PLACE OF DEATH**

County Jackson  
Township J. R. R.  
City N. C. Mo.

Registration District No. 399  
Primary Registration District No. 1002  
(No. St. Joseph)

File No. \_\_\_\_\_  
Registered No. 2030  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. 2500-E-69th St., 13 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 4-1858</u>		
7. AGE	YEARS	MONTHS
	<u>72</u>	<u>10</u>
		DAYS
		<u>28</u>
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work. <u>Former Retired</u>		
(b) General nature of industry, business, or establishment in which employed (or employer)		
(c) Name of employer		

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May-2-1931

17. I HEREBY CERTIFY, That I attended deceased from April 27, 1931, to May 2, 1931, that I last saw him alive on May 2, 1931, and that death occurred, on the date stated above, at 12:30 AM m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

myocardial Exhaustion  
93C  
180E (Chronic Myocarditis)  
(duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) Hypostatic Pneumonia  
(duration) yrs. mos. ds. 2 ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH ①

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Electrocardiogram  
(Signed) Wm. K. Ketchum, M. D.  
5-3 . 19 31 (Address) 404 W. Oldham

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois 2

10. NAME OF FATHER John Shopmeyer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

12. MAIDEN NAME OF MOTHER no Record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Wm. A. Arthur  
(Address) 2500-E-69th St.

15. FILED 5/3, 1931 m. m. Croore  
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Pittsburg, Kans.  
By auto

DATE OF BURIAL 5-4-31

20. UNDERTAKER Mrs. C. H. Forster  
ADDRESS N. C. Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state the CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

COPY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Maldheim Vi-6708

621 W. 58<sup>th</sup> St Hi-1804

VZ-7134

O. 400 W 63 - Hi-4747

M.M. Angyle Vi-8107

2622-E 30<sup>th</sup> - Li-3373

ELLERY M. HETHERINGTON, M. D.

W. MERRITT KETCHAM, M. D.

405 WALDHEIM BUILDING

KANSAS CITY, MO.

6-12 1931.

Bureau of Vital Statistics,  
Kansas City, Mo.

RECEIVED  
JUN 16 1931  
THE STATE BOARD OF HEALTH  
OF MISSOURI.

Your request in regard to Frank Shopmeyer is at hand. The death certificate as signed in my opinion is correct. The contributory cause in this case can be named as hypostatic pneumonia, heart congestion or edema of the lungs. There was neither a broncho or lobar pneumonia in this case.



DR. W.M. KETCHAM

WMK:GS

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH.**

County..... Registration District No..... File No.....  
 Township..... Primary Registration District No..... Registered No. 2039  
 City..... (No. St Joseph Hospital) St. .... Ward)

**2. FULL NAME** Frank Shopmeyer

(a) Residence. No. 2500 E 69th St. Ward..... (If nonresident give city or town and State)  
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX ..... 4. COLOR OR RACE ..... 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) .....

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF .....

6. DATE OF BIRTH (MONTH, DAY AND YEAR) .....

7. AGE	YEARS	MONTHS	DAYS	It LESS than 1 day, ..... hrs. or ..... min.
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**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work..... (duration) ..... yrs. mos. ds.  
 (b) General nature of industry, business, or establishment in which employed (or employer).....  
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

10. NAME OF FATHER .....

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) .....

12. MAIDEN NAME OF MOTHER .....

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) .....

**14.**

INFORMANT (Address) .....

15. FILED 5/3 1931 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 2 19 31

17. I HEREBY CERTIFY, That I attended deceased from ..... 19.....  
 that I last saw him alive on ..... 19....., and that death occurred, on the date stated above, at..... m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

myocardial exhaustion (chronic myocarditis)

CONTRIBUTORY (SECONDARY) Typhoid pneumonia

18. WHERE WAS DISEASE CONTRACTED..... (duration) ..... yrs. mos. ds.

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed)....., M. D.  
 , 19 (Address) .....

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

19

20. UNDERTAKER ADDRESS

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

PHYSICIANS should state of OCCUPATION is very important.

REGISTRARS shall not receive a fee for certificates until they are complete as prescribed by law