

41559

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

JAN 8 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4952

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 Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 Day (Specify whether
 years, months or days)
 In this community 50 years

3. (a) PRINT FULL NAME George N Sopher3. (b) If veteran, name war No 3. (c) Social Security No. None4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Margaret Sopher 6. (c) Age of husband or wife if alive years7. Birth date of deceased Feb 24 1864
(Month) (Day) (Year)8. AGE: Years 76 Months 10 Days 1 If less than one day hr. min.9. Birthplace Franklin Pa
(City, town, or county) (State or foreign country)10. Usual occupation Carpenter

11. Industry or business _____

MOTHER FATHER
 12. Name Isaac Sopher
 13. Birthplace Centerville Pa
 (City, town, or county) (State or foreign country)
 14. Maiden name Eccyna Macberry
 15. Birthplace Centerville Pa
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ernest V Sopher
(b) Address 911 Norton Ave17. (a) Burial (b) Date thereof Dec 27 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Marys Cemetery18. (a) Signature of funeral director Franklin & Tablin Co
(b) Address 20 St Remond19. (a) 12-27-40 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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. 911 Norton
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25th
year 1940 hour 58 minute 0 M.21. I hereby certify that I attended the deceased from Dec 23, 1940 to Dec 25, 1940
that I last saw him alive on Dec 25, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Acute Cardiac Insufficiency 10 days
Cardiac Dehydration 6 monthsDue to Phenyl Glycuric Acid 1 yrDue to Internal Vascular 131Other conditions Acute Nephritis Chronic
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations noneOf autopsy As stated above

Duration

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) (a) Means of injury _____

23. Signature M. M. Keefer M.D. (M. D. or other)
Address 1701 Jackson Ave Date signed 12/26/40

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

SEE OPPOSITE PAGE FOR BACK INSTRUCTIONS—MAKE A PERMANENT RECORD

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 Harold Perry

Licensed Embalmer No. 4099

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, above space should be left blank.