FILED APR 17 1939

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

9353
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson Registration District No. 355
(b) Township Kaw Primary Registration District No. 1007 Registered No. 959
(c) City Kansas City (d) Street No. St. Luke's Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 14 yrs. 5 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mamie Caplan
(a) Residence, No. 3214 East 27th St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem.
4. COLOR OR RACE Wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Phillip Caplan
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27 1900
7. AGE Years 38 Months 9 Days 7 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

FATHER
13. NAME Harry Jink.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

MOTHER
15. MAIDEN NAME Rose Berman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

17. INFORMANT Phillip Caplan
(ADDRESS) K. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Carmel Cem. DATE 3-5-39

19. FUNERAL DIRECTOR (NAME) H. Tiperman & Sons
(ADDRESS) K. C. Mo.

20. FILED 3/3, 1939 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1939, to March 3, 1939
I last saw her alive on March 3, 1939. Death is said to have occurred on the date stated above, at 2:15 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Pneumococcus type 20	Feb 39
10 8	
Other contributory causes of importance:	
Chronic glomerulo nephritis	1933
Secondary anemia	1938

Name of operation none Date of
What test confirmed diagnosis? Physical Exam Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) P. T. Behan, M. D.
(Address) 315 Alameda Road Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

DEC 15 [illegible]

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.....

Licensed Embalmer No.....

P. O. Address.....

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.