No. 2
11-10-39
3-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37720

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4318

FILED DEC 1

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: MANORAH. HOSP. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 DAYS (Specify whether years, months or days)
In this community 50 YEARS.

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. 3718 WARWICK (If rural, give location)
(e) If foreign born, how long in U. S. A.? 50 years.

3. (a) PRINT FULL NAME DAVE ALTSHULER (Dave Altshuler)
3. (b) If veteran, name war NO
3. (c) Social Security No. ✓
4. Sex M.
5. Color or race W.
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife IDA.
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased DEC. (Month) 29 (Day) 1883. (Year)
8. AGE: Years 56 Months 10 Days 13 If less than one day ___ hr. ___ min.
9. Birthplace UNKNOWN (City, town, or county) RUSSIA (State or foreign country)
10. Usual occupation LABOR.
11. Industry or business
FATHER 12. Name UNKNOWN
FATHER 13. Birthplace UNKNOWN (City, town, or county) RUSSIA (State or foreign country)
MOTHER 14. Maiden name UNKNOWN
MOTHER 15. Birthplace UNKNOWN (City, town, or county) RUSSIA (State or foreign country)
16. (a) Informant HARRY ALTSHULER
(b) Address 4434 HIGHLAND
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 13. 1940 (Month) (Day) (Year)
(c) Place: burial or cremation SHEFFIELD CEM.
18. (a) Signature of funeral director J. P. LOUIS FUN. HOME
(b) Address 3400 WOODLAND, AVE.
19. (a) 11-13-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 12 year 1940 hour ___ minute ___ M.
21. I hereby certify that I attended the deceased from NOV. 10 1940 to NOV. 12 1940 and that I last saw him alive on NOV. 12 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute left Coronary artery Thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Thrombosis left Coronary artery	

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature J. B. Bass (M. D. or other)
Address 306 E. 12 Date signed NOV. 13

(Licensed Embalmer's Statement on Reverse Side)

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 A. L. Louis.

Licensed Embalmer No. 3110

P. O. Address 3400 Woodland

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

If this body is not embalmed, above space should be left blank.