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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24123

Registration District No. 399 Primary Registration District No. 1007 Registrar's No. 2662

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: 3355 INDIANA (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 (Specify whether years, months or days)
In this community: ABOUT 38 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: JACKSON 048
(c) City or town: KANSAS CITY (If outside city or town limits, write "RURAL")
(d) Street No.: 3355 INDIANA (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: ABRAHAM PRUSSACK
3. (b) If veteran, name war: NO
3. (c) Social Security No.: NONE
4. Sex: MALE 01
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: WIDOWED
6. (b) Name of husband or wife: ESTHER PRUSSACK
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: SEPT. (Month) — (Day) 1882 (Year)

8. AGE: Years 59 | Months | Days | If less than one day: hr. min.

9. Birthplace: WARSAW (City, town, or county) POLAND 4 (State or foreign country)
10. Usual occupation: SHOEMAKER
11. Industry or business:
FATHER 12. Name: JOSEPH PRUSSACK
13. Birthplace: POLAND 4 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: UNKNOWN
15. Birthplace: UNKNOWN 9 (City, town, or county) (State or foreign country)
16. (a) Informant: EDWARD PRUSSACK
(b) Address: 3017 EUCLID K.C. MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 7-15-41 (Month) (Day) (Year)
(c) Place: burial or cremation: SHEFFIELD
18. (a) Signature of funeral director: J. P. LOUIS FUNERAL HOME
(b) Address: 3400 WOODLAND. K.C. MO.
19. (a) July 15 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 14 year 1941 hour — min. 900 A.M.
21. I hereby certify that I attended the deceased from ..... to ..... 19..; that I last saw the deceased on ..... 19..; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute pulmonary congestion	
Coronary sclerosis 9 yrs	
Other conditions (Include pregnancy within 3 months of death) 9 yrs	
Major findings: Of operations	
Of autopsy	

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: [illegible] (M. D. or other) 3
Address: K. C. Mo. Date signed

361 (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.....
myself....., Registered Apprentice No.....
working under my personal supervision.

Signed.....Bert Legan

Licensed Embalmer No.....3979

P. O. Address.....Kansas City, 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, fact should be so stated above.