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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24185

Registration District No. 399 | Primary Registration District No. 100 | Registrar's No. 2724

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: MENORAH HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0

In this community ABOUT 35 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 048 3

(c) City or town KANSAS CITY D
(If outside city or town limits, write "RURAL")

(d) Street No. 3040 OLIVE
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME JENNIE SHANERMAN

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife ISRAEL SHANERMAN

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased UNKNOWN (Month) (Day) (Year)

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

9. Birthplace (City, town, or county) RUSSIA (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

FATHER
12. Name SIMON
13. Birthplace (City, town, or county) RUSSIA (State or foreign country)

MOTHER
14. Maiden name ESTHER
15. Birthplace (City, town, or county) RUSSIA (State or foreign country)

16. (a) Informant DAVE SHANERMAN
(b) Address 2935 MICHIGAN

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-21-41 (Month) (Day) (Year)
(c) Place: burial or cremation BLUE RIDGE

18. (a) Signature of funeral director J. P. LOYIS FUNERAL HOME
(b) Address 3400 WOODLAND K.C.MO.

19. (a) July 21, 1941 (Date received local registrar) (b) M. M. Crow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 year 1941 hour ____ minute ____ M.

21. I hereby certify that I attended the deceased from July 18, 1941 to July 20, 1941 that I last saw h. alive on July 20, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to Hypertension	
Due to nephritis	
Other conditions (Include pregnancy within 3 months of death)	
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)
Address 906 E 12 Date signed 7-21

(Licensed Embalmer's Statement on Reverse Side)

AUG 19 1941

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, above space should be left blank.