

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **41063**

Registration District No. **4 399**

Primary Registration District No. **1002**

Registrar's No. **4743**

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

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:
3332 Michigan
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community **47 Years** (Specify whether years, months or days) **/**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **048**
(c) City or town **Kansas City** **23**
(If outside city or town limits, write "RURAL")
(d) Street No **3332 Michigan**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... **A**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **19**
year **1941** hour..... minute..... M.
21. I hereby certify that I attended the deceased from **Dec 16-41**
..... 19..... to **Dec 19** 1941;
that I last saw him alive on **Dec 19** 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Cerebral hemorrhage
Due to.....
83a1
Due to.....

Duration

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?

While at work?..... (Specify type of place)
(e) Means of injury..... **?**

23. Signature **Michael J. Brown** (M.D. or other)
Address **294 J Broadway** Date signed **Dec 19**

3. (a) PRINT FULL NAME **Herman Aronson**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Male** 0 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **MINNIE** 6. (c) Age of husband or wife if alive..... years

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

8. AGE: Years **74** Months **-** Days **-** If less than one day br. /min.

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

10. Usual occupation **RETIRED GRICER**

11. Industry or business.....

MOTHER FATHER { 12. Name **MAIZER ARONSON** 1

13: Birthplace..... (City, town, or county) (State or foreign country) **RUSSIA** 6

14. Maiden name..... **UNKNOWN**

15. Birthplace..... (City, town, or county) (State or foreign country) **UNKNOWN** 9

16. (a) Informant **Mrs Ruby Lesser**

(b) Address **3332 Michigan**

17. (a) **Burial** (b) Date thereof **12-21-41**
(Burial, cremation, or removal) (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) **12/21/41** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

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..... *Bert Legan*.....
Licensed Embalmer No. *13977*.....
P. O. Address *77. 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, fact should be so stated above.