

S. No. 2
M-5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 24 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29328

State File No. 3437

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 1701 Linwood Blvd
(d) Length of stay: In hospital or institution. 40 yrs.
In this community 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 701 Linwood Blvd.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Samuel V. Alpert
(b) If veteran, name war No
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 9 day 16 year 1942 hour 12 minute Noon M.

4. Sex Male
5. Color or race Wh.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mamie Alpert
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased Nov 26 1879

21. I hereby certify that I attended the deceased from Dec 30 1942 to Sept 16 1942 that I last saw him alive on Sept 16 1942 and that death occurred on the date and hour stated above.

8. AGE: Years 62 Months 89 Days 21

Immediate cause of death Coronary Occlusion

9. Birthplace Russiab

Due to Arricular fibrillation

10. Usual occupation Resturant

Other conditions 94a

11. Industry or business OWNER

PHYSICIAN
Major findings: Of operations
Of autopsy

12. Name Mort Kac Alpert

13. Birthplace Russiab

14. Maiden name Rachael Elestein

15. Birthplace Russiab

16. (a) Informant Mortimer Alpert
(b) Address 701 Linwood

17. (a) Burial (b) Date thereof 9-18-42
(c) Place: burial or cremation Sheffield Cem

18. (a) Signature of funeral director S. P. Louis Turner
(b) Address 3400 Woodland
19. (a) 9/19/42 (b) M. M. Crowe

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature [Signature] (M. D. or other)
Address 1420 Proj Blvd Date signed 9/17/42

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

MOTHER FATHER

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.....

Dickie Louis

Licensed Embalmer No.....

3110

P. O. Address.....

H. C. Mc

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.