S. No. 2
M—5-42
. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 24 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

29421

State File No. .....

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3372

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 Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community 30 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3 8
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 4038 Virginia (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME Abe Glassman

3. (b) If veteran, name war No

3. (c) Social Security No. 493-12-5894

4. Sex Fe 1

5. Color or race Wh

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Esther Glassman

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Dec (Month) 23 (Day) 1894 (Year)

8. AGE:

Years	Months	Days	If less than one day
47	8	22	21 hr. ..... min.

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

10. Usual occupation Salesman

11. Industry or business Laundry

FATHER
12. Name Israel Glassman
13. Birthplace (City, town, or county) Rumania (State or foreign country)

MOTHER
14. Maiden name Rose Glassman
15. Birthplace (City, town, or county) Rumania (State or foreign country)

16. (a) Informant Abe Cooperman
(b) Address K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-15-42 (Month) (Day) (Year)
(c) Place: burial or cremation Bl. Hen. Bldg. Cem

18. (a) Signature of funeral director J. P. Louis Funeral Home
(b) Address K.C. Mo.

19. (a) 9-14-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14 year 1942 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 1942, 19..., to 9-14, 1942; that I last saw him alive on 9-14-42, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive Heart failure c̄ Uremia	1 week
Due to Syphilis & relatives recent Pneumonia Spring 1942	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy None

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 Frank B. Leitzman (M. D. or other) MD
Address 924 Roy Bldg K.C. Mo. Date signed 9-14-42

(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.....

Licensed Embalmer No. 2110

P. O. Address.....

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.