V. S. No. 2
OM—9-4-41
5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 30 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1324

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 316

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

Shapiro

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 O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether In this community 36 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3

(c) City or town Kansas City 8 (If outside city or town limits, write "RURAL")

(d) Street No. 4133 Prospect (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Salman Silberman

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race Wh

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

6. (b) Name of husband or wife Ethel

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Not Known (Month) (Day) (Year)

8. AGE: Years 74 Months — Days — If less than one day hr. min.

9. Birthplace (City, town, or county) Poland 4 (State or foreign country)

10. Usual occupation Tailor

11. Industry or business Retired

FATHER
12. Name Abraham I. Silberman
13. Birthplace (City, town, or county) Poland 4 (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace (City, town, or county) Not Known 9 (State or foreign country)

16. (a) Informant Sol Silberman

(b) Address K. C. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-20-43 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Carmel Cem

18. (a) Signature of funeral director C. Louis Funeral Home

(b) Address K. C. Mo.

19. (a) 1-21-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17 year 1943 hour 2 minute 25 A M.

21. I hereby certify that I attended the deceased from January 12, 1943 to Jan 17, 1943 that I last saw him alive on Jan 16, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Militus Uremia

Due to Arteriosclerosis

Due to Senility 61

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 L. M. Shapiro (M. D. or other) MD

Address 625 Professional Bldg Date signed 1-17-43

#P

(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. 3110

P. O. Address K. C. Mo

Note: The above MUST [illegible]IGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes ground[illegible] revocation of license.)

If this body is not embalmed, fact should be so stated above.