

**FILED OCT 13 1943**  
Registration District No. **149**

Primary Registration District No. **1002**

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: **Menorah Hosp. O**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2 weeks**  
(Specify whether years, months or days) **55 yrs.**

**3. (a) PRINT FULL NAME** **Eli Gershon**  
**3. (b) If veteran,** name war **No**  
**3. (c) Social Security** No. **None**

**4. Sex** **Male** **5. Color or** **face** **WH**  
**6. (a) Single, widowed, married,** divorced **2**  
**6. (b) Name of husband or wife** **Bertha**  
**6. (c) Age of husband or wife if** alive **Deed** 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** **Russia**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Retired Merchant**

**11. Industry or business**

**MOTHER FATHER**  
**12. Name** **Jacob Gershon**  
**13. Birthplace** **Russia**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **Not known**  
**15. Birthplace** **Not known**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **S. J. Gershon**

**(b) Address** **401 E Armour**

**17. (a) Burial** **(b) Date thereof** **10-3-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

**18. (a) Signature of funeral director** **L. T. Louis Funerals**

**(b) Address** **K. C. Mo.**

**19. (a) 10-2-43** **(b) H. E. Brown**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **401 E Armour**  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No) **0**  
If yes, name country

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Sept** day **29** year **1943** hour minute **9** **Pm** M.

**21. I hereby certify that I attended the deceased from** **Sept 1**, 19**43**, to **Sept 29**, 19**43**  
that I first saw him alive on **Sept 29** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral apoplexy**  
Duration **2 wks**

Due to **General vascular sclerosis** **2 yrs**

Other conditions **430**  
(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?

**23. Signature** **A. Morrow** **(M. D. or other)**  
While at work? (Specify type of place) (e) **Place of injury**  
Address **420 Prof Bldg** Date signed **10-1-43**

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..... *R. L. Lewis* .....  
Licensed Embalmer No..... *3110* .....  
P. O. Address..... *K. 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.**