. S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 24 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6038

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 685

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: Vineyard Park Hosp O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 weeks (Specify whether
In this community 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 2004 E 47st Ter.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country O

3. (a) PRINT FULL NAME Jacob C. Duff
3. (b) If veteran, name war no
3. (c) Social Security No. no #
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. 12 (Month) (Day) 1879 (Year)

8. AGE: Years ~~65~~ 64 Months 11 Days 28 If less than one day hr. min.

9. Birthplace (City, town, or county) Russia 6 (State or foreign country)
10. Usual occupation Jewelry Salesman
11. Industry or business
FATHER
12. Name Mones Duff
13. Birthplace (City, town, or county) Russia 6 (State or foreign country)
MOTHER
14. Maiden name Rosie Fierman
15. Birthplace (City, town, or county) Russia 6 (State or foreign country)
16. (a) Informant Mrs. Edward Silverberg
(b) Address 2004 E. 47st Ter
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 2/11/44 (Month) (Day) (Year)
(c) Place: burial or cremation D. W. Newcomers Sons
18. (a) Signature of funeral director Carroll Davidson
(b) Address 3024 Troost
19. (a) 2-11-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 10 year 44 hour P. M. minute M.
21. I hereby certify that I attended the deceased from I/28/42 19 to II/10/44 19 ; that I last saw him alive on II/10/44 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Stroke, Uremia
Due to hardening of arteries
Due to Chronic nephritis
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.

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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 O
23. Signature W. R. Whitmann (M. D. or other)
Address 424 Professional Bldg Date signed II/11/44

(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. Julian K. Davidson

Licensed Embalmer No. 1168

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.