S. No. 2
M—2-43
. 5-17-39
I X35637

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 5 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13674

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1868

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: 2641 ~~Paseo~~ Forest Ave
(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 40 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. Reed Hotel
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joseph Gershon

3. (b) If veteran, name war No

3. (c) Social Security No 486-05-6331

4. Sex Male

5. Color or race Wh

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

6. (b) Name of husband or wife Ida

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

7. Birth date of deceased Mar. (Month) 10, (Day) 1872 (Year)

8. AGE: Years 72 Months 1 Days 19 If less than one day hr. min.

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

10. Usual occupation Tailor

11. Industry or business

12. Name Phillip 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 Clarence Gershon

(b) Address K.C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-30-44 (Month) (Day) (Year)

(c) Place: burial or cremation Sheffield Cemetery.

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

(b) Address 3400 Woodland Ave

19. (a) 4-29-44 (Date received local registrar) (b) R. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 29 year 1944 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from Dec 21, 1943 19 to April 10, 1944; that I last saw him alive on April 10, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Weakness of heart — Duration

Due to Ca of papilla Vateri

Due to 46C

Other conditions (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? (Specify type of place)

While at work (e) Means of injury

23. Signature R. R. Williams (M. D. or other)

Address 424 Professional Bldg Date signed 4-29-44

(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.....

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Mo. } ss.
County of Jackson

State File No.
Local Registrar's No. 1868

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 16 day of May, 194 4, before me appears Mr. Clarence Gershon, ~~who~~, upon his oath, states that the original record of ~~birth~~ death for Joseph Gershon ~~born~~ died April 29, 19 44, in the State of Missouri, and which was filed at KC, Mo. on 4-29, 19 44, should be corrected as follows:

Item No. ..... should read .....

Instead of .....

Item No. address should read 2641 Forest Ave.

Instead of 2641 Tracy.

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Clarence L. Gershon Son
Relationship.

5014 Tracy - KC Mo
Present Address.

Subscribed and sworn to before me this 16 day of May, 194 4

My Commission expires Oct. 20. 1947 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S: 135
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