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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28405

FILED AUG 16 1944

Registration District No. _____ Primary Registration District No. 5837 Registrar's No. 87

1. PLACE OF DEATH:
(a) County: Newton
(b) City or town: Camp Crowder, Missouri (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Camp Crowder, Missouri (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution -- (Specify whether years, months or days)
In this community: 1 Year

2. USUAL RESIDENCE OF DECEASED:
(a) State: New York (b) County: New York
(c) City or town: New York (If outside city or town limits, write "RURAL")
(d) Street No.: 100 Bennett Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: --

3. (a) PRINT FULL NAME: Abraham J. Portnoy
3. (b) If veteran, name war: --
3. (c) Social Security No.: --
4. Sex: Male
5. Color or race: White
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: July (Month) 29 (Day) 1906 (Year)
8. AGE: Years 38 Months -- Days 11 If less than one day -- hr. -- min.
9. Birthplace: New York (City, town, or county) New York (State or foreign country)
10. Usual occupation: Soldier
11. Industry or business: U. S. Army

MOTHER FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
14. Maiden name: Mrs Sarah Portnoy
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant: Soldier's Service Record
(b) Address: Camp Crowder, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 8/11/44 (Month) (Day) (Year)
(c) Place: burial or cremation: New York, N.Y.
18. (a) Signature of funeral director: Knell Mortuary
(b) Address: Carthage, Missouri
19. (a) 8-11-1944 (Date received local registrar) (b) Bailey Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9 year 1944 hour 12 minute 05 P.M.
21. I hereby certify that I attended the deceased from August 9, 1944, to August 9, 1944, that I last saw him dead on August 9, 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial infarction.	
Due to: Secondary to coronary thrombosis, left anterior, descending branch, and right coronary artery.	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

94a

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? --
While at work? -- (Specify type of place) (e) Means of injury --
23. Signature: Webster H. Bennett Maj. (M. D. or other) MC
Address: Camp Crowder, Missouri Date signed 7/9/44

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(Licensed Embalmer's Statement on Reverse Side)

AUG 24 1944

RECEIVED AUG 14 1944

District Health Officer No.

District File Number 744-170

Date Filed AUG 14 1944

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 Emma L. Snell

Licensed Embalmer No. 391

P. O. Address Cuyahoga

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.