S. No. 2
M—2-43
5-17-39
I X35697

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

Prox.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 22 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30130

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3626

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: 1190 E 76th Terr. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community 38 ~~30~~ yrs years, months or days)

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. 1190 E 76th (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Ely Gitterman

3. (b) If veteran, name war No

3. (c) Social Security No. 490-24-2530

4. Sex Male 0

5. Color or race Wn

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Bertha

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years 60 Months — Days — If less than one day hr. min.

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

10. Usual occupation Cleaner

11. Industry or business Cleaning Plant

12. Name Paul Gitterman

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

14. Maiden name Mariam

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

16. (a) Informant Ben Gordon

(b) Address K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-6-44 (Month) (Day) (Year)

(c) Place: burial or cremation Sheffield Cem.

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

(b) Address K.C. Mo.

19. (a) 9-7-44 (Date received local registrar) (b) R. E. Brown (Registrar's signature)

MOTHER'S ATTEST

Certified Copy 9-15-44 Kathleen Stoll

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 5 year 1944 hour 8 minute A M.

21. I hereby certify that I attended the deceased from June, 1941, to Apr June, 1944; that I last saw him alive on June, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Rupture of aneurysm of aorta	minutes
Due to: Arteriolitis Cardiovascular disease	years
Due to	
Other conditions (Include pregnancy within 3 months of death) 96	
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 Donald R Black M (M. D. or other) MD

Address 924 Prof Bldg K.C. Mo Date signed 9-5-44

8161

(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.

State of Mo. } ss.
County of Jackson

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 30130-44

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 3666

On this 28th day of May, 1945, before me appears Mrs. B. Gordon, who, upon her oath, states that the original record of ~~birth~~ death for Ely Utterman died ~~born~~ Sept. 5, 1944 in the State of Missouri, and which was filed at K. C. on 9-7, 1944, should be corrected as follows:

Item No. 1(d) should read 28 years

Instead of 30 years

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 .....

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)

X Affiant Mrs Ben Utterman Gordon, Daughter
Relationship

X 1190 E. 76th Terr.
Present Address.

Subscribed and sworn to before me this 28th day of May, 1945.

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.

rm V. S. 135
25M-3-42
I X32339