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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 4 1944

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36998

Primary Registration District No. 1002

Registrar's No. 4618

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:
Major Clinic
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 38 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 47

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

(d) Street No. 1827 Independence Ave
(If rural, give location)

(e) Citizen of foreign country? 38 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME GEORGE B YAREMA

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Lucien Yarema

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Feb 7 1875
(Month) (Day) (Year)

8. AGE: Years 69 Months 9 Days 6 If less than one day hr. min.

9. Birthplace Bucharest Rumania 6
(City, town, or county) (State or foreign country)

10. Usual occupation Chiropractor

11. Industry or business

FATHER
12. Name No record
13. Birthplace No record 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name No record
15. Birthplace No record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lucie Yarema
(b) Address 1827 Independence Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 16 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Burk & Tobin Co
(b) Address 20 E Lexwood

19. (a) Nov 16 1944 (b) F E Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 13th day Nov
year 1944 hour 8:55 minute P M.

21. I hereby certify that I attended the deceased from Oct. 22, 1944, to Nov. 13, 1944;
that I last saw him alive on Nov. 13, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Senility with Cerebral Arteriosclerosis associated

Due to with a Cerebral Thrombosis

Other conditions
(Include pregnancy within 3 months of death)

94 a

Major findings:
Of operations

Of autopsy

Duration

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 Herman S Majer (M. D. ~~or other~~)

Address 3 [illegible] Eachel av Kansas City Mo Date signed 11/16/44

(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 Guy Buffington

Licensed Embalmer No. 2756

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.