

FILED MAR 29 1945
Registration District No. **149**

Primary Registration District No. **1002**

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

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:
— at home - 4003 Chestnut
(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 **34 yrs**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Kansas City 48**
(If outside city or town limits, write "RURAL")

(d) Street No. **4003 Chestnut 3**
(If rural, give location)

(e) Citizen of foreign country? **No 1** (Yes or No)
If yes, name country **—**

3. (a) PRINT FULL NAME **Isaac Zitra Isaac Zitron**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **496-16-2704**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **12th** year **1945** hour **11:20** minute **P.** M.

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife **Rose**

6. (c) Age of husband or wife if alive **64** years

7. Birth date of deceased **Feb. 3, 1877**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Dec 21, 1944** to **March 12, 1945** that I last saw him alive on **March 9, 1945** and that death occurred on the date and hour stated above.

8. AGE: Years **68** Months **1** Days **9** If less than one day **hr. min.**

Immediate cause of death **Acute cardiac failure** Duration

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

Due to **Cardiac enlargement**
Aortic atherosclerosis

Due to **Lues**

10. Usual occupation **Brook**

Other conditions **Congestive liver**
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business

12. Name **Abraham Zitra**

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

14. Maiden name **Molly R.**

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

Major findings: Of operations **30 D.**

Of autopsy

PHYSICIAN **—**
Underline the cause to which death should be charged statistically.

16. (a) Informant **Rose Zitra**

(b) Address **4003 Chestnut**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

17. (a) **Burial** (b) Date thereof **Mar. 15-1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sheffield Cemetery**

(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?

18. (a) Signature of funeral director **H. Sigerman**

(b) Address **2738 Prospect, N.E. Mo.**

19. (a) **3-14-45** (b) **H. C. Brown**
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (Means of injury)

23. Signature **L. M. Shaper** (M. D. or other) **MD**
Address **625 1/2 Dr. Blue** Date signed **3-15-45**

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 F. S. Walton
Licensed Embalmer No. 2744
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.