S. No. 2
M—5-43
. 5-17-39
I X36671

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

FILED MAR 27 1946

State File No. 94-9426

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1292

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: 3135 MERSINGTON AVENUE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution - - - - -
In this community 38 YEARS (Specify whether 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. 3135 MERSINGTON AVENUE
(If rural, give location)

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

3. (a) PRINT FULL NAME Mr SAMUEL L. GOTTLIEB

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. FLORA GOTTLIEB.

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased DEC (Month) - 7 (Day) - 1884 (Year)

8. AGE: Years 61 Months 3 Days 8 If less than one day hr. min.

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

10. Usual occupation RETIRED SALESMAN

11. Industry or business ROBINSON-COLE FILM

FATHER
12. Name LEO. L. GOTTLIEB
13. Birthplace HAMBURG (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name LILLIAN HIRSH
15. Birthplace PLACQUIMINE (City, town, or county) LOUISIANA (State or foreign country)

16. (a) Informant MRS. FLORA GOTTLIEB
(b) Address 3135 MERSINGTON AVENUE

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof MAR-17-1946 (Month) (Day) (Year)
(c) Place: ~~burial~~ or cremation D.W. NEWCOMER'S SONS

18. (a) Signature of funeral director D.W. Newcomer's Sons
(b) Address 1401-BRUSH CREEK BLVD.

19. (a) 3-16-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month MARCH day 15TH year 1946 hour 5 minute 35 A. M.

21. I hereby certify that I attended the deceased from Feb 15, 1946, to Mar 15, 1946 that I last saw him alive on Mar 14, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral apoplexy	3 days
Due to Asthma, bronchial	10 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 8 3/4
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?
While at work? (Specify type of place) (e) Means of injury 0

23. Signature Edward C. Samuelson (M. D. or other) MD
Address 2603 E 31 Date signed Mar 15-1946

(Licensed Embalmer's Statement on Reverse Side)

2603 East 51st Street

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 Earl Rapp

Licensed Embalmer No. 03458

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.