

S. No. 2
 DM-5-43
 v. 5-17-39
 I X36671

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

97005
 3786
 1532

State File No. _____
 Registrar's No. _____

FILED APR 10 1948
 1949

Registration District No. 149 Primary Registration District No. 1002

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: Menorah
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 Weeks
 In this community 42 yrs
 years, months or days (Specify whether)

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. 3926 Brooklyn
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME David Stein
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month MARCH day 29
 year 1946 hour _____ minute _____ M.

4. Sex Male 5. Color or race Wh
 6. (a) Single, widowed, married, divorced 2
 6. (b) Name of husband or wife Rebecca
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: MAY 25 1907
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from February 25, 1946 to March 29, 1946
 that I last saw him alive on Feb 29/46
 and that death occurred on the date and hour stated above.

8. AGE: Years 58 Months 10 Days 4
 If less than one day hr. _____ min. _____

Immediate cause of death: Arterio-sclerosis - myocarditis
Chronic nephritis
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

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

10. Usual occupation MERCHANT
 11. Industry or business _____
 12. Name UNKNOWN
 13. Birthplace UNKNOWN
 (City, town, or county) (State or foreign country)
 14. Maiden name UNKNOWN
 15. Birthplace UNKNOWN
 (City, town, or county) (State or foreign country)

Major findings: 131/15
 Of operations _____
 Of autopsy _____

16. (a) Informant NATHAN STEIN
 (b) Address 3936 BROOKLYN
 17. (a) BURIAL (b) Date thereof 3-31-46
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation SHEFFIELD CEMETERY

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

18. (a) Signature of funeral director J. P. Lewis Funeral Home
 (b) Address 3400 WOODLAND AVE., K.C., MO
 19. (a) 3-30-46 (b) Ethelaine Holmes
 (Date received local registrar) (Registrar's signature)

23. Signature A. Saffner (M. D. or other) 0
 Address 1405 Bryan Blvd Date signed Mar 30 1946

(Licensed Embalmer's Statement on Reverse Side)

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

8631

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 B. A. Legan

Licensed Embalmer No. 3979

P. O. Address H.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.