

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

DEPARTMENT OF HEALTH OF THE STATE OF MISSOURI
BUREAU OF VITAL RECORDS
FILED JUN 20 1946 STANDARD CERTIFICATE OF DEATH

20281
2448

State File No.
Registrar's No.

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 Hosp. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 mos
(Specify whether years, months or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City
(If outside city or town limits, write "RURAL") 3
(d) Street No. 4444 ~~Franklin~~ 2210 Benton
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Greenberg, Isaac
3. (b) If veteran, name war No 3. (c) Social Security No. NONE
4. Sex M 5. Color or race O W
6. (b) Name of husband or wife Anna Greenberg 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Aug 15 1877
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 30
year 1946 hour PM 6 minute 45 M.
21. I hereby certify that I attended the deceased from March
1946 to 1946
that I last saw him alive on May 30
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
68 9 15 hr. min.

Immediate cause of death Cachexia Duration
Due to Generalized abdominal carcinoma
Due to Carcinoma of the stomach
Other conditions Arteriosclerosis, dx. myocarditis
(Include pregnancy within 5 months of death)

9. Birthplace Poland (City, town, or county) (State or foreign country) 4
10. Usual occupation Retired Merchant
11. Industry or business Clothing
12. Name David Greenberg 4
13. Birthplace Poland (City, town, or county) (State or foreign country)
14. Maiden name Esther (Unknown)
15. Birthplace Poland (City, town, or county) (State or foreign country) 4

PHYSICIAN
Major findings:
Of operations 46
Of autopsy
Underline the cause to which death should be charged statistically.

16. (a) Informant Wm. H. Greenberg
(b) Address Wichita, Kans
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/3/46
(Month) (Day) (Year)
(c) Place: burial or cremation Mt. Carmel Cem
18. (a) Signature of funeral director P. Louis Funeral Home
(b) Address 3400 Woodland, K.C. Mo.
19. (a) 6-3-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

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) (e) Means of injury 0
23. Signature Truel Drey (M. D. or other) 0
Address K.C. Mo. Date signed

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

MOTHER FATHER

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. G. Legan*

Licensed Embalmer No..... *3979*

P. O. Address..... *H. C. New*

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.