S. No. 2
—12-45
5-17-39
P I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 1 1947

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 9458

Registrar's No. 1332

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: General Hospital No. 1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 mo. 23 days (Specify whether years, months or days)

In this community: 36 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No.: 610 Forest 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Ben Untriff

3. (b) If veteran, name war: ✓ no

3. (c) Social Security No.: none

4. Sex: M 0

5. Color or race: W

6. (a) Single, widowed, married, divorced: Widowed 2

6. (b) Name of husband or wife: Mary

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

7. Birth date of deceased: not known (Month) (Day) 1863 (Year)

8. AGE: Years 84 | Months | Days | If less than one day: hr. min.

9. Birthplace: (City, town, or county) Russia 6 (State or foreign country)

10. Usual occupation: Merchant

11. Industry or business:

FATHER
12. Name: Shlema Untriff
13. Birthplace: (City, town, or county) Poland 7 (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: (City, town, or county) " (State or foreign country) 7

16. (a) Informant: Harry Untriff

(b) Address: 3907 Paseo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/21/47 (Month) (Day) (Year)

(c) Place: burial or cremation: Sheffield

18. (a) Signature of funeral director: J. P. Louis Funeral Home

(b) Address: 3400 Woodland Ave. Kansas City, Mo.

19. (a) 3-21-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19 year 1947 hour 8 minute 40 P.M.

21. I hereby certify that I attended the deceased from Jan. 24, 1947, to March 19, 1947, that I last saw him alive on March 19, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of lung	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 47 d
Of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

(c) 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? 0
(Specify type of place)

While at work? (e) Means of injury

23. Signature: Wm. W. Hart (M. D. or other) MD

Address: Med. Dir. Gen'l Hosp. Date signed: 3-20-47

(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.