

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: **MEMORIAL HOSPITAL**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1 day**
(Specify whether years, months or days)
 In this community **30 yrs**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo** (b) County **Jackson 48**
 (c) City or town **Kansas City 3**
(If outside city or town limits, write "RURAL")
 (d) Street No. **5547 Charlotte 8**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **DR. JACOB SHURIN**
3. (b) If veteran, name war **- NO** **3. (c) Social Security No.** **NONE**
4. Sex **M** **5. Color or race** **W** **6. (a) Single, widowed, married, divorced, MARRIED**
6. (b) Name of husband or wife **Sophie** **6. (c) Age of husband or wife if alive** **65** years
7. Birth date of deceased **Unknown**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **JULY** day **28**
 year **1947** hour **4** minute **30 P.M.**
21. I hereby certify that I attended the deceased from **MAY** 1946, to **JULY 28** 1947
 that I last saw him alive on **JULY 28** 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death **CEREBRAL HEMORRHAGE** **2 DAYS**
 Duration

8. AGE: Years **69** Months _____ Days _____ If less than one day _____ hr. _____ min.

Due to **HYPERTENSION**
 Due to **ARTERIOSCLEROSIS**

9. Birthplace **Russia**
(City, town, or county) (State or foreign country)
10. Usual occupation **Optometrist**

Other conditions **(Include pregnancy within 3 months of death)**
PHYSICIAN
 Underline the cause to which death should be charged statistically.

11. Industry or business
12. Name **Nissan Shurin**
13. Birthplace **Russia**
(City, town, or county) (State or foreign country)
14. Maiden name **Nachamius Sossis**
15. Birthplace **Russia**
(City, town, or county) (State or foreign country)

Major findings:
 Of operations **g30**
 Of autopsy _____

16. (a) Informant **Mrs. Sophie Shurin**
(b) Address **5547 Charlotte**
17. (a) (Burial, cremation, or removal) **Burial** **(b) Date thereof** **7/30/47**
(Month) (Day) (Year)
(c) Place: burial or cremation **Blue Ridge Cem**

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? _____

18. (a) Signature of funeral director **J.P. Lewis Funeral Home**
(b) Address **3400 Woodland, K.C. Mo.**
19. (a) 7-29-47 **(b) Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

While at work _____ **(Specify type of place)**
(c) Means of injury _____
23. Signature **Harry D. Cohen** **(M. D. or other)** **MA**
Address **318 Argyle Bldg** **Date signed** **7/28/47**

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.....

A. L. Lewis

Licensed Embalmer No. 3110

P. O. Address. H. C. M. O.

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.