No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 16 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31205

Registration District No. 149 Primary Registration District No. 1062 Registrar's No. 3805

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 1 Day (Specify whether
In this community 30 Years
years, months or days)

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. 5315 Tracy 8
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Meyer Friedman
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) ~~Single, widowed~~, married, ~~divorced~~ Married 1
6. (b) Name of husband or wife Anna Friedman
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased April (Month) 21 (Day) 1884 (Year)

8. AGE: Years 65 Months 4 Days X 13 If less than one day hr. min.

9. Birthplace Poland (City, town, or county) 4 (State or foreign country)
10. Usual occupation Grocer
11. Industry or business
FATHER
12. Name Harry L Friedman 4
13. Birthplace Poland (City, town, or county) 1 (State or foreign country)
MOTHER
14. Maiden name Bessie Fenbaum
15. Birthplace Poland (City, town, or county) 4 (State or foreign country)
16. (a) Informant Mrs Minkim
(b) Address 5313 Tracy
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sep 5-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Carmel Cemetery
18. (a) Signature of funeral director J. P. Louis Funeral Home
(b) Address 3400 Woodland
19. (a) 9-6-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4th year 1947 hour 4 00 minute 15 P M.
21. I hereby certify that I attended the deceased from Aug 30th, 1947 to Sept 4th, 1947 that I last saw him alive on Sept 4th, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Bladder Uremia	3 days
Due to	
Due to Chronic myocarditis Subacute nephritis	5 years
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 5 2 b	
Of autopsy Carcinoma of Bladder Pericarditis - Cirrhosis of liver Subacute nephritis	

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? — (Specify type of place) 0
While at work? — (e) Means of injury —
23. Signature Joseph Getelson (M. D. or other) M.D.
Address 1019 Realty Bldg Date signed 9-4-47

(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.....Archie L. Louis

Licensed Embalmer No. 3110

P. O. Address.....Kansas City, 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.