

No. 2
-1/47
5-17-39

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **8563**
Registrar's No. **939**

FILED MAR 20 1948

Registration District No. **1001**

Primary Registration District No. **1001**

WRITE PLAINLY—USING 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: 5239 Michigan
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 22 years
(Specify whether years, months or days)

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. 4222 Wabash
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Colman Baellow

3. (b) If veteran, name war -- no

3. (c) Social Security No. none

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased September 21 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

73	73	5	67	hr. _____ min.
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9. Birthplace Russia
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name Isaac Leon

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

14. Maiden name unknown

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

16. (a) Informant Morris Baellow

(b) Address 2006 E. 30th

17. (a) Burial (b) Date thereof 2-29-48
(Burial, cremation, or removal) (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. K. C. Mo.

19. (a) 3-1-48 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 28
year 48 hour 12 minute 10 P. M.

21. I hereby certify that I attended the deceased from 9-15
1946 to 2-28-48
that I last saw h. in alive on 2-28 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: acute Cardiac failure

Due to Cerebral hemorrhage

Due to arteriosclerosis

Other conditions: Arteriosclerotic heart disease
(Includes pregnancy within 3 months of death)

Major findings: _____

Of operations no

Of autopsy no

Duration 6 hr
6 wks
years

PHYSICIAN _____

Underline the cause of 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? Home
(Specify type of place)

While at work? _____ Means of injury _____

23. Signature John T. [unclear] (M. D. or other) MD

Date signed 2-28-48

Address 1107 [unclear]

H. C. H. O.

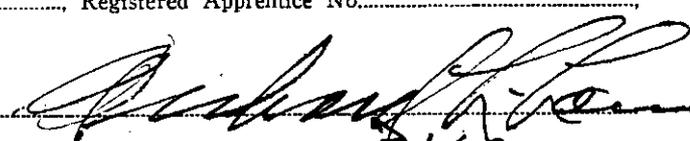
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 3110.....

P. O. Address R. C. No.....

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.