

No. 2
-12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19483

FILED JUL 12 1948

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2703

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City 4 mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Menorah
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6/1/48 6/26/48
years, months or days 60 years (Specify whether)

3. (a) PRINT FULL NAME MW Morris Greenman

3. (b) If veteran, name war XX 3. (c) Social Security No. XX

4. Sex MO 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jennie 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased July July 28, 1873
(Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 28 If less than one day hr. min.

9. Birthplace Latvia
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Merchant

11. Industry or business XX

12. Name Samuel Greenman

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

14. Maiden name Jennie Cohen

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

16. (a) Informant Jennie Greenman

(b) Address 3403 Penn

17. (a) Burial (b) Date thereof 6-28-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Carmel

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

(b) Address 3400 Woodland Ave., K. C. Mo.

19. (a) 6-29-48 (b) Staldine Holmes
(Date received local registrar) (Registrar's signature)

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. 3403 Penn
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1948 hour 1 minute 20 P.M.

21. I hereby certify that I attended the deceased from 6-1, 1948, to 6-26, 1948
that I last saw him/her alive on 6-26 and that death occurred on the date and hour stated above.

Immediate cause of death: Post-operative heart failure
Renal insufficiency
Hypertension
Due to unknown

Other conditions: Post-operative prostatic resection
(Include pregnancy within 3 months of death)

Major findings: Of operations 1375

Of autopsy

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) _____
While at work _____ means of injury _____
23. Signature Alvera Gubert (M.D. or other) _____
Address 420 Prof Bldg Date signed 6-27-48

48
3
8
0

48
48

Duration

2 wks

3 wks

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 Gregory B. Bunting

Licensed Embalmer No. 5756

P. O. Address R.C. Mc.

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.