No. 2
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X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36347

FILED NOV 20 1948

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4461

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:
3722 Wabash
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 34 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. 3722 Wabash 8
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Morris Azorsky

3. (b) If veteran, name war XX

3. (c) Social Security No. XX 486-05-0378

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

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased July (Month) 20 (Day) 1883 (Year)

8. AGE: Years 65 Months 3 Days 11 If less than one day hr. min.

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

10. Usual occupation Tailor

11. Industry or business Palace Clothing Co.

FATHER
12. Name Aaron Sholom Azorsky 1
13. Birthplace (City, town, or county) Russia 6 (State or foreign country)

MOTHER
14. Maiden name Esther (unknown) 1
15. Birthplace (City, town, or county) Russia 6 (State or foreign country)

16. (a) Informant Mrs. Anna Azorsky
(b) Address 3722 Wabash

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-2-48 (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) 11-2-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 1
year 1948 hour minute M.

21. I hereby certify that I attended the deceased from July 20, 1948, to Nov. 1, 1948
that I last saw him alive on Oct. 31, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure auricular fibrillation.

Due to Physical over-exertion about time of the Heart attack.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 950

Of autopsy

Duration

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?
Max Goldman
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature Max Goldman Jun. (M. D. or other)
Address 1618 Prof Bldg. Date signed 11-2-48

(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 Joseph M McCarthy, Registered Apprentice No. 275, working under my personal supervision.

Signed Guy Buffington

Licensed Embalmer No. 256

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.