

FILED SEP 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30409**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3926

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City, Mo.
c. LENGTH OF STAY (in this place) 19 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Menorah Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo. b. COUNTY Jackson
c. CITY (If outside corporate limits, write RURAL and give township) Kansas City, Mo.
d. STREET ADDRESS (If rural, give location) 2500 Independence Ave

3. NAME OF DECEASED
a. (First) Reba b. (Middle) GerShon c. (Last) _____

4. DATE OF DEATH (Month) (Day) (Year)
Sept. 14, 1950

5. SEX Fe 6. COLOR OR RACE W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M. /

8. DATE OF BIRTH Nov. 23, 1886

9. AGE (in years last birthday) 59 Months _____ Days _____ If under 1 year: Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) Russia

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Louis Cohen

13b. MOTHER'S MAIDEN NAME Not available

14. NAME OF HUSBAND OR WIFE Ben Gershon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no.

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME Ben Gershon ADDRESS 2500 Indep

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Mellitus, Hypertension
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute Myocardial Infarction
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.
Sudden
260X

INTERVAL BETWEEN ONSET AND DEATH
5 yrs
260X

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Jan 1, 1945, to Sept 14, 1950, that I last saw the deceased alive on 9-14-1950, and that death occurred at 2:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE A. Morris Ginsberg (Degree or title) MD

23b. ADDRESS 420 Prof Bldg

23c. DATE SIGNED 9-14-50

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE Sept. 15, 1950

24c. NAME OF CEMETERY OR CREMATORY Mt. Carmel

24d. LOCATION (City, town, or county) (State) Kansas City Mo.

DATE REC'D BY LOCAL REG. 9-15-50 REGISTRAR'S SIGNATURE Heraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE Louis Funeral Home ADDRESS H.C. Mo.

WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

JUL 29 1954

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Ray Buffington

Licensed Embalmer No. *2756*

Signed.....

Student Embalmer

P. O. Address *H. 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.