WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

22881

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. [illegible]
City Kansas City (No. 4949, Rock Hill Road, St. 6 Ward)

2. FULL NAME Maurice Friedman
(a) Residence, No. 811 Armour St., 6 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. — 4. COLOR OR RACE W. — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice Friedman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 14 - 1864

7. AGE — YEARS 68 — MONTHS 3 — DAYS 2 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ice Plant Mgr.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 61
10. Date deceased last worked at this occupation (month and year) June 1932
11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria Hungary

FATHER
13. NAME J. Friedman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria Hungary

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria Hungary

17. INFORMANT (ADDRESS) Mrs. P. Lipper, Armour + Cherry

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rose Hill Cem. DATE July 18, 1932

19. UNDERTAKER (ADDRESS) Carroll-Davidson, 3024 Troost

20. FILED July 17, 1932 M. M. Crowe, Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-16, 1932

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 7, 1932, to 7-16, 1932
I last saw him alive on 7-16, 1932. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	
non malignant	4 mos.
Adhesive bands	recurring
1228	
Other contributory causes of importance:	
Jejunostomy, starvation	3 wks

Name of operation Jejunostomy — Date of
What test confirmed diagnosis? Clinical — Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [illegible], M. D.
(Address) K. C. Mo.