

RECORDED MAR 9 1939

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

5631
Do not use this space.

1. PLACE OF DEATH

(a) County JACKSON Registration District No. 399
 (b) Township KAW Primary Registration District No. 1062
 (c) City KANSAS CITY (d) Street No. ST. JOSEPH HOSPITAL Registered No. 830
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MITE SCHANKER

(a) Residence, No. 2840 N. 12 St. KANSAS CITY KANSAS
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MINNIE
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) UNKNOWN
 7. AGE YEARS 67 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. MERCHANT
 9. Industry or business in which work was done, as saw mill, bank, etc. GROCERY
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RUSSIA

FATHER 13. NAME UNKNOWN

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RUSSIA

MOTHER 15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RUSSIA

17. INFORMANT HERMAN SCHANKER
(ADDRESS) 4408 MONTGAL CITY

18. BURIAL, CREMATION, OR REMOVAL PLACE SHEFFIELD DATE FEB. 24 1939

19. FUNERAL DIRECTOR (NAME) J.P. LOUIS FUNERAL HOME
(ADDRESS) CITY

20. FILED 2/24 3:37 P.M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB. 23 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1939 to Feb 23 1939
 I last saw him alive on Feb 25 1939. Death is said to have occurred on the date stated above, at 11:30 A.M.
 The principal cause of death and related causes of importance were as follows:

Acute Pulmonary Edema
Anemia (Aplastic?)
7/0

Date of onset 2-25-39
1939

Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

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) Jack W. Crowe M. D.
 (Address) 620 Angell Bldg., Kansas City, Mo.

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.....

P. O. Address.....

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, above space should be left blank.