

DEC'D MAY 10 1939

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

14024

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson 3 Registration District No. 399
(b) Township Kaw Primary Registration District No. 100
(c) City Kansas City (d) Street No. 2843 Troost St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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

415 Eva Sarah Gelpman
(a) Residence, No. 201a, Kansas St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Barney Gelpman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 28, 1859

7. AGE YEARS * 80 MONTHS — DAYS — If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as saw mill, bank, etc.
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 Jacob Vaselofsky ?

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia ?

MOTHER 15. MAIDEN NAME Joby — Ink ?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia ?

17. INFORMANT (ADDRESS) Hean Gelpman
Tola, Kans.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Carmellem DATE 4-28-39

19. FUNERAL DIRECTOR (NAME) J. P. Davis Funeral Home
(ADDRESS) City

20. FILED Apr 28 1939 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-28-1939

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1939 to April 28, 1939
I last saw her alive on April 28, 1939, Death is said to have occurred on the date stated above, at 12:55 A.M.
The principal cause of death and related causes of importance were as follows:

Chronic Myocardial Degeneration 131
Date of onset

Other contributory causes of importance:
Chronic Glomerular Nephritis

Name of operation None Date of

What test confirmed diagnosis? Lab. Check 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 4-28, 1939

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?
If so, specify

(Signed) Dr. Frank O'Keefe, M. D.

(Address) 4316 E 9th St.

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.