

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

17710  
 Do not use this space.

REC'D JUN 8 1939

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 2112  
 (c) City Kansas City (d) Street No. Research Hosp. 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME 145 Rose Kaplan  
 (a) Residence, No. 9<sup>th</sup> Central St.  (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Fe 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 Harry Kaplan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 15, 1894

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>44</u>	<u>9</u>	<u>4</u>	

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) Kansas City Missouri

FATHER  
 13. NAME Israel Brady  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

MOTHER  
 15. MAIDEN NAME Dora Uink  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

17. INFORMANT Harry Kaplan  
 (ADDRESS) 9<sup>th</sup> Central

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Sheffield Cem DATE 5-21-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Phovist Funeral Home 3400 Woodland

20. FILED May 21 1939 M. M. Browne  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-19-1939

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1939, to May 19, 1939.  
 I last saw her alive on May 19, 1939. Death is said to have occurred on the date stated above, at 11:45 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Myocardial dilatation  
Myocardial degeneration  
myocardial failure  
930

Date of onset  
1 year  
4 yr  
4 mos

Other contributory causes of importance:  
General aedema  
Multiple infarcts of lungs  
2 mos  
1 month

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis: chests 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) Quincy S. Palmer M. D.  
 (Address) 1132 Jefferson Ave St. Louis

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.

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**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.**