

0360 JUN 8 1939

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

17764
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 100v Registered No. 2166
 (c) City Kansas City (d) Street No. Memorial 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Sidney Lapin
 (a) Residence, No. 620 E 40th St St. (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 REBECCA LAPIN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV. 29, 1911

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
27 5 24

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Mgr.
 9. Industry or business in which work was done, as saw mill, bank, etc. Finance Company
 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 MARTIN LAPIN
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RUSSIA

MOTHER 15. MAIDEN NAME EDITH BRITZ
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RUSSIA

17. INFORMANT (ADDRESS) REBECCA LAPIN 620 E 40th St

18. BURIAL, CREMATION, OR REMOVAL PLACE SHEFFIELD DATE MAY 25 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. PLOUIS FUNERAL HOME 7 CITY

20. FILED May 24 1939 Th. W. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 5-20-1939 to 5-23-1939
 I last saw him alive on 5-23-1939. Death is said to have occurred on the date stated above, at 10:45 a.m.
 The principal cause of death and related causes of importance were as follows:
Lobar pneumonia
acute appendicitis
appendectomy

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? _____
 If so, specify _____ (Signed) J. G. Montgomery M. D.
 (Address) 1392 Phos Bldg Nat 6th

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.

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.