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

31535
Do not use this space.
3633

1. PLACE OF DEATH
(a) County JACKSON
(b) Township KAN
(c) City or Town KANSAS CITY
Registration District No. 399
Primary Registration District No. 1002
Registered No.
(d) Street No. MENORAH HOSPITAL 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 213 EGNATZ MOSKOVITZ
(a) Residence, No. 1801 E 29TH St.
(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 ZALI MOSKOVITZ

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 20. 1870 ~~UNKNOWN~~

7. AGE: Years 68 | Months 8 | Days 21 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. RETIRED
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 UNKNOWN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

MOTHER
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT JACK MORSE
(ADDRESS) 3 E 64TH TERR

18. BURIAL, CREMATION, OR REMOVAL
PLACE ROSE HILL DATE 9-18 19 39

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

20. FILED Sept 17 1939 M. M. Crome
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16 1939

22. I HEREBY CERTIFY, That I attended deceased from June 1939 to Sept 1939
I last saw h... alive on 9-17-39 19.... Death is said to have occurred on the date stated above, at 5:10 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Ch. Int. nephritis	
(2) Vascular Lesions	
~~(3) [illegible]~~	
(3) Hypertension	131

Other contributory causes of importance:
Left hemiplegia
Hypertrophied prostate
Name of operation ~~[illegible]~~ Date of ... July 29
What test confirmed diagnosis? — Was there an autopsy?

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) G C Cooper M. D.
(Address) 625 Ruffner Bldg

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-9-19-38 X16605

D. Clason

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.