

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

4737

1. PLACE OF DEATH:

(a) County Jackson,
 (b) City or town Kansas City,
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
605 West 50th St.,
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community Unknown.
 years, months or days)

3. (a) PRINT
FULL NAMEJoseph Richard Kaufman, Sr.3. (b) If veteran,
name warUnknown.3. (c) Social Security
No. x No4. Sex Male5. Color or
race White6. (a) Single, widowed, married,
divorced Widowed.6. (b) Name of husband or wife
Katherine Kaufman,6. (c) Age of husband or wife if
alive x years7. Birth date of deceased September
(Month) (Day) (Year)19, 1861,

8. AGE: Years

78

Months

2

Days

23

If less than one day

hr. min.

9. Birthplace Indiana,

(City, town, or county)

(State or foreign country)

10. Usual occupation

Retired.

11. Industry or business

x

12. Name

Aaron Kaufman,

13. Birthplace

Unknown.

(City, town, or county)

(State or foreign country)

14. Maiden name

Beulah Knight,

15. Birthplace

Unknown.

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature

Dr. F. I. Wilson,

(b) Address

605 West 50th St., K. C., Mo.17. (a) burial(b) Date thereof 12-14-39

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

Forest Hill Cemetery

18. (a) Signature of funeral director

Stine & McClure,

(b) Address

3235 Gillham Plaza, K. C., Mo.

19. (a)

Dec. 14, 1939

(Date received local registrar)

m. m. Brown

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson,
 (c) City or town Kansas City,
 (If outside city or town limits, write "RURAL")
 (d) Street No. 605 West 50th St.,
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? x years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12th,
 year 1939, hour 4:05 minute A. M.

21. I hereby certify that I attended the deceased from June 1939
 to Dec 12, 1939,
 that I last saw him alive on Dec 12, 1939,
 and that death occurred on the date and hour stated above.

Immediate cause of death

Cardiac Failure
Coronary sclerosis
and occlusion

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

2 weeks
years
2-10 days

PHYSICIAN

Underline
 the cause to
 which death
 should be
 charged sta-
 tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
 (b) Date of occurrence
 (c) Where did injury occur?
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 (Specify type of place)
 While at work? (e) Means of injury

23. Signature Ellis V. Williams (M. D. or dentist)Address Plaza Hill Bldg Date signed 12/14/39

JAN 13 1940

2

1939

9
4

Dr. Ellis W. Wilhelm,
Plaza 7100 Lincoln C. Bldg
Los 1328

William

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address W. C. M.S.

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.