DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED MAR 11 1940

State File No. 5501

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 726

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: 3616 Holmes (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community About 45 Years years, months or days)

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. 3821 Campbell (If rural, give location)

(e) If foreign born, how long in U. S. A.? About 45 Years years.

3. (a) PRINT FULL NAME Max Mnookin

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sarah Mnookin

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Jan. (Month) 28 (Day) 1870 (Year)

8. AGE: Years 70 Months - Days 19 If less than one day ..... hr. ..... min.

9. Birthplace Unknown (City, town, or county) Russia (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Benjamin Mnookin
13. Birthplace Unknown (City, town, or county) Russia (State or foreign country)

MOTHER
14. Maiden name Dora
15. Birthplace Unknown (City, town, or county) Russia (State or foreign country)

16. (a) Informant's own signature Jacob Mnookin

(b) Address 3821 Campbell K. C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-18-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge

18. (a) Signature of funeral director J. P. Louis Funeral Home

(b) Address 3400 Woodland, K. C. Mo.

19. (a) Feb 18-1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 16 year 1940 hour 1 minute a M.

21. I hereby certify that I attended the deceased from Feb 11, 1940, to Feb - 16, 1940; that I last saw him alive on Feb - 16, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia	2 da.
Due to Cerebral Hemorrhage	
Due to Hypertension & aortic Sclerosis -	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

PHYSICIAN

Underline the cause to which death should be charged statistically

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 Clyde Swizer (M. D. ~~mother~~)

Address 636 Argyle Bld Kansas city Mo Date signed 2-16-40

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

V. S. No. 2. 50M-5-17-39 Rev. 5-17-39 I X19511

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 Myself., Registered Apprentice No._____, working under my personal supervision.

Signed Bert Logan

Licensed Embalmer No. 3979

P. O. Address K.C. Mo.

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.