S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9619

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1053

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:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 13 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. 3726 Garfield
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 13 Years years.

3. (a) PRINT FULL NAME David Bain 500

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 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 23, (Day) 1926 (Year)

8. AGE: Years 13 Months 7 Days 13 If less than one day hr. min.

9. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country)

10. Usual occupation School

11. Industry or business

FATHER
12. Name Sol Bain
13. Birthplace Unknown (City, town, or county) Poland (State or foreign country)

MOTHER
14. Maiden name Hattie Laner
15. Birthplace Wichita (City, town, or county) Kansas (State or foreign country)

16. (a) Informant Sol Bain
(b) Address 3726 Garfield, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-8-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Rose Hill

18. (a) Signature of funeral director J. P. Louis Funeral Home
(b) Address 3400 Woodland, Kansas City, Mo.

19. (a) Mch 7, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6th year 1940 hour minute M.

21. I hereby certify that I attended the deceased from Feb. 22 - 1940, to March 6 - 1940, that I last saw him alive on March 6 - 40, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Generalized Peritonitis	
Due to Gangrenous appendicitis (acute)	12
Due to Bronchopneumonia	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy As above

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 Max Goldman (M. D. or other)
Address 1618 Prof. Bldg. Date signed 3-8-40

(Licensed Embalmer's Statement on Reverse Side)

Dr. Goldman Mark
Prof. Pub.

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 Legan

Licensed Embalmer No. 3979

P. O. Address Kansas City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.