

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JUN 17 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17698

State File No. _____

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2225

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:
Menorah 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 25 Years
years, months or days)

3. (a) PRINT FULL NAME Benjamin Morris Achtenberg

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 Minnie Achtenberg 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased March 13 1884
(Month) (Day) (Year)

8. AGE: Years 56 Months 2 Days 18 If less than one day
hr. min.

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

10. Usual occupation Lawyer

11. Industry or business _____

12. Name Abraham D. Achtenberg

13. Birthplace Rumania
(City, town, or county) (State or foreign country)

14. Maiden name Hannah

15. Birthplace Rumania
(City, town, or county) (State or foreign country)

16. (a) Informant Irving Achtenberg

(b) Address 209 East 66th St.

17. (a) Burial (b) Date thereof 6-2-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Carmel

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

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

19. (a) May 31, 1940 (b) M. M. Brown
(Date received local registrar) (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. 209 East 66th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? About 45 Years years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 40 hour 8 minute 15 M.

21. I hereby certify that I attended the deceased from May 24
1940, to May 31, 1940
that I last saw him alive on May 31
and that death occurred on the date and hour stated above.

Immediate cause of death
Left Coronary occlusion

Due to 940

Due to _____

Other conditions
(include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
Means of injury 1

23. Signature A. Morris Giesberg (M. D. or other) MD
Address 420 Prof Bldg Date signed 5-31-40

Duration 3 days
PHYSICIAN
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

But Legan

Licensed Embalmer No. *3979*

P. O. Address *Kansas City,*

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.