No. 2
4-13-40
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34488

NOV 12 1940

Registration District No. 1099 Primary Registration District No. 1002 Registrar's No. 4004

1. PLACE OF DEATH:

(a) County Jackson Frankstein

(b) City or town Kansas City, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2734 Lester (If not in hospital or institution, write street number or location) 2

(d) Length of stay: In hospital or institution none (Specify whether years, months or days) In this community unknown

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") 0

(d) Street No. 2734 Lester (If rural, give location)

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

3. (a) PRINT FULL NAME Jacob Frankstein

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 Minreil

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years 75 Months unknown Days If less than one day hr. min.

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

10. Usual occupation unknown unknown 9

11. Industry or business unknown 9

MOTHER FATHER

12. Name unknown 9

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

14. Maiden name unknown

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

16. (a) Informant David Frankstein

(b) Address 4622 Chestnut St.

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

(c) Place: burial or cremation Sheffield

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

(b) Address 3400 Woodland Ave.

19. (a) 10-18-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17 year 1940 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from April 1940, 1940, to October, 1940; that I last saw him alive on October 13, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Artery Disease	years
Due to: Hypertension + Arteriosclerosis	years
Due to: 9	
Other conditions (Include pregnancy within 3 months of death): Auricular Fibrillation	1 year
Cholelithiasis	

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 Jacob W. Wise (M. D. or other) M.D.

Address Kansas City, Mo. Date signed 10-18-40

(Licensed Embalmer's Statement on Reverse Side)

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 A. L. Louis, Registered Apprentice No. ..... working under my personal supervision.

Signed A. L. Louis

Licensed Embalmer No. 3110

P. O. Address 3400 Woodland

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, fact should be so stated above.