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DECEASED JAN 8 1941

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **4606**

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 3 HOURS
 (Specify whether years, months or days) 36 YEARS

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. ARMOUR RAZA (ARMOUR + TRACY)
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 60 years.

3. (a) PRINT FULL NAME HERMAN MILGRAM
3. (b) If veteran, name war. NO
3. (c) Social Security No. 494-12-7928

4. Sex M **5. Color or race** W
6. (a) Single, widowed, married, divorced. WIDOWER
6. (c) Age of husband or wife if alive. — years
7. Birth date of deceased. MARCH 2 1855
 (Month) (Day) (Year)

8. AGE: Years 85 Months 9 Days 1
 If less than one day hr. min.

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

10. Usual occupation GROCERY

11. Industry or business GROCERY

12. Name M. MILGRAM

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

14. Maiden name DON'T KNOW

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

16. (a) Informant MR. AL. MILGRAM

(b) Address 7244 JARBOE

17. (a) BURIAL (b) Date thereof 12 4 40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ROSE HILL CEMETERY

18. (a) Signature of funeral director Carroll Davidson

(b) Address 3024 TROOST

19. (a) 12-3-40 (b) M. M. Browe
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 3
 year 1940 hour 4:30 minute — P. M.

21. I hereby certify that I attended the deceased from April 1, 1940
 19— to December 3, 1940
 that I last saw him alive on Dec 3, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation Duration 2 mos.

Due to Arteriosclerotic Heart Disease 95 yrs years.

Due to —
 Other conditions Auricular Fibrillation
 (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
 Of operations —
 Of autopsy —
 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) (e) Means of injury

23. Signature John W. Way (M. D. or other) M.D.
 Address 1620 Apple Blk Date signed 12-3-40

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 Jack Lyons, Registered Apprentice No. 227 working under my personal supervision.

Signed Julian K. Davids

Licensed Embalmer No. 1168

P. O. Address 3024 Trouse

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.