

No. 2
1-13-40
-17-39
X23159

FILED MAR 14 1941

State File No. 586

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Jame City

(c) Name of hospital or institution: Memorial Hosp
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: 3 days
(If not in hospital or institution, write street number or location)

In this community 67
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Jame City
(If outside city or town limits, write "RURAL")

(d) Street No. 3400 Woodland
(If rural, give location)

(e) If foreign born, how long in U. S. A. 054 years.

3. (a) PRINT FULL NAME HARRY D. LOUIS

3. (b) If veteran, name war Spanish (c) Social Security number none

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased June 1 - 1883
(Month) (Day) (Year)

8. AGE: Years 57 Months 8 Days 9 If less than one day
hr. min.

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

10. Usual occupation Retired Merchant

11. Industry or business

12. Name Jacob Louis

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

14. Maiden name

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

16. (a) Informant A. L. Louis

(b) Address 3400 Woodland

17. (a) Burial (b) Date thereof 2-10-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelby

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day Feb
year 1941 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb 6
1941 to Feb 10 1941
that I last saw him alive on Feb 9 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation

Due to 1 mo.

Due to Hypertensive heart disease

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93

Of autopsy 93

Duration

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?

While at work? (Specify type of place) (e) Means of injury Drugs

23. Signature Alvario T. Ortega D. O. M. Address 428 Prof Bldg Date signed Feb 10

Dr. A. Morris Hinsberg

V 13927

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

E. P. Casey

Licensed Embalmer No.

1972

P. O. Address

H. C. Max

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.