No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9661

APR 15 1941

Registration District No. 219

Primary Registration District No. 1002

Registrar's No. 1070

48
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: Research Hosp (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether

In this community 45 yrs. 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. 2850 Troost (If rural, give location)

(e) If foreign born, how long in U. S. A.? 45 years.

3. (a) PRINT FULL NAME Barnett Kletzky

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race Wh

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rebecca Kletzky

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Nov (Month) 12 (Day) 1869 (Year)

8. AGE: Years 71 Months 4 Days 0 If less than one day ..... hr. ..... min.

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

10. Usual occupation Retired

11. Industry or business Shoe Merchant

FATHER
12. Name Zelick Kletzky
13. Birthplace (City, town, or county) Russia (State or foreign country)

MOTHER
14. Maiden name Esther Unknown
15. Birthplace (City, town, or county) Russia (State or foreign country)

16. (a) Informant Joseph Kletzky

(b) Address K. C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-15-41 (Month) (Day) (Year)

(c) Place: burial or cremation Sheffield

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

(b) Address K. C. Mo

19. (a) 3/15/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 12 year 1941 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from Mar 10 ....., 1941, to Mar 12 1941 that I last saw him alive on Mar 12, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	2 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Let report from Research Hospital

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 [signature] (M. D. or other)

Address BUG E 12 Date signed Mar 12

(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 Myself, Registered Apprentice No. ..... working under my personal supervision.

Signed Bert Legan

Licensed Embalmer No. 3979

P. O. Address 3400 Woodland K.C.

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.