

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

DEPARTMENT OF COMMERCE.

BUREAU OF THE CENSUS

APR 15 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

9687

State File No. \_\_\_\_\_

1096

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

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 ONE WEEK  
(Specify whether years, months or days)

In this community. 40 years  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo. (b) County. JACKSON

(c) City or town. KANSAS CITY  
(If outside city or town limits, write "RURAL")

(d) Street No. 36th BROADWAY  
(If rural, give location)

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

3. (a) PRINT FULL NAME. HARRY HESS

3. (b) If veteran, name war. No

3. (c) Social Security No. 70

4. Sex. MALE

5. Color or race. WHITE

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

6. (b) Name of husband or wife. \_\_\_\_\_

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

7. Birth date of deceased. OCT 17 1876  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	64	4	29	hr. min.

9. Birthplace. St Joseph MO  
(City, town, or county) (State or foreign country)

10. Usual occupation. CIGAR MERCHANT.

11. Industry or business. \_\_\_\_\_

12. Name. SAMUEL HESS

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

14. Maiden name. FANNIE LEVI

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

16. (a) Informant. HERMAN HESS

(b) Address. HIDE PARK HOTEL

17. (a) BURIAL

(b) Date thereof. MARCH 17 1941  
(Month) (Day) (Year)

(c) Place: burial or cremation. ST JOSEPH MO

18. (a) Signature of funeral director. Samuel Davidson

(b) Address. 3024 North Ave

19. (a) 3/17/1941 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. March day. 15th  
year. 1941 hour. 5 minute. 50 P. M.

21. I hereby certify that I attended the deceased from March 8th 1941 to March 15 1941; that I last saw him alive on March 15th 1941; and that death occurred on the date and hour stated above.

Immediate cause of death. acute myocarditis

Due to. Intestinal Obstruction 7 days

Due to. chronic myocarditis

Other conditions. 13.1

(Include pregnancy within 3 months of death)

Major findings: Of operations. Band, obstructing Bowel in region of ileum

Of autopsy. \_\_\_\_\_

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

23. Signature. Joseph Feldman (M. D. or other) M.D.

Address. 1719 Rindts Bldg Date signed. 3-16-41

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

Signed *Julian K. Poretsky*  
.....  
Licensed Embalmer No. *1168*

P. O. Address.....

**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.**