

FILED JUN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17284
1946

State File No.

Registrar's No.

Registration District No. 397

Primary Registration District No. 1602

1. PLACE OF DEATH: JACKSON
 (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: MEMORAH HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution
 In this community SIXTY YEARS (60) (Specify whether years, months or days)

3. (a) PRINT FULL NAME: LEO H. FELD

3. (b) If veteran, name war: _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 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: FEBRUARY 2 1867 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
74		3	15	hr. _____ min.

9. Birthplace: BUDAPEST HUNGARY (City, town, or county) (State or foreign country)

10. Usual occupation: JEWELER

11. Industry or business: _____

12. Name: ISRAEL FELD

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

14. Maiden name: LOTTIE ANYSIER (City, town, or county) (State or foreign country)

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

16. (a) Informant: IRVIN FELD

(b) Address: 1908 ARMOOR ROAD

17. (a) ELMWOOD CEMETERY (b) Date thereof: MAY 19 1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: ELMWOOD CEMETERY

18. (a) Signature of funeral director: Carroll Davidson

(b) Address: 3024 Norwood Ave

19. (a) May 18, 1941 (b) M. M. Brown (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County JACKSON #8
 (c) City or town KANSAS CITY 3 (If outside city or town limits, write "RURAL") 8
 (d) Street No. 103 WARD PARKWAY (If rural, give location)
 (e) If foreign born, how long in U. S. A.: 60 SIXTY 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 17th year 1941 hour 6 minute 40 a. m.

21. I hereby certify that I attended the deceased from 2-1-41, 1941, to 5-17-1941; that I last saw him alive on 5-17-1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Rt Heart failure Chronic emphysema - 1 day 6 mos.

Due to: Chronic asthma

Due to: _____

Other conditions (Include pregnancy within 3 months of death): 46 g

Major findings: Of operations: _____

Of autopsy: Carcinoma of Pancreas Liver

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? _____

(Specify type of place)

While at work? (e) Means of injury: _____

23. Signature: Joseph H. Printz M.D. (M.D. or other)

Address: 1103 Grand Date signed: 5-19-40

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

JUN 21 1941

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.

Signature *Julia K. Davidson*

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.