

No. 2.
-1-4-41
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20834
2364

State File No.

Registrar's No.

FILED JUL 7 1941

Registration District No. 399

Primary Registration District No. 1002

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:
13234 BROADWAY
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 47 YEARS 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. 3234 BROADWAY
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JACOB (JAKE) ARONSON

(b) If veteran, name war NO

(c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 20
year 1941 hour 1 minutes 30 P.M.

21. I hereby certify that I attended the deceased from March 27
1941 to June 20, 1941;
that I last saw him alive on June 20, 1941;
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE

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

(b) Name of husband or wife _____ (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased Dec 19 1886
(Month) (Day) (Year)

Immediate cause of death Cancer of Liver Duration _____

Due to 4/6/41

Due to 4/10/41

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day
54 6 1 hr. min.

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

10. Usual occupation LIQUOR BUSINESS

11. Industry or business _____

MOTHER FATHER { 12. Name HERMAN ARONSON

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

{ 14. Maiden name MINNIE

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant ED ARONSON

(b) Address 1712 BROADWAY

17. (a) BURIAL (b) Date thereof 6-22-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SHEFFIELD

18. (a) Signature of funeral director J.P. LOUIS FUNERAL HOME

(b) Address 3408 WOODLAND K.C. MO

19. (a) 6/22/41 (b) M. M. Groom
(Date received local registrar) (Registrar's signature)

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 Harold A. Pellett (M. D. or other) MD

Address 1132 Professional Bldg Date signed 6/24/41

DR. HAROLD PALLETT
PROFESSIONAL B.G.
THIS PM

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. ~~3979~~
working under my personal supervision.

Myself

Signed.....

Bert Legan

Licensed Embalmer No. *3979*

P. O. Address *Kansas City, Mo*

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.