

No. 2  
-1-4-41  
5-17-39  
X26390

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILLED AUG 10 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

24178

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

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2717

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:  
3023 HIGHLAND 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community ABOUT 35 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 048  
(c) City or town KANSAS CITY 3  
(If outside city or town limits, write "RURAL") 8  
(d) Street No. 3023 HIGHLAND  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 18  
year 1941 hour 3 minute 45 A.M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_;  
\_\_\_\_\_ 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Arteriosclerotic heart disease Duration \_\_\_\_\_

Due to \_\_\_\_\_ 93H  
Due to \_\_\_\_\_ 92H  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_ 92H

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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)  
(Means of injury) \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address [Signature] Date signed \_\_\_\_\_

3. (a) PRINT FULL NAME SANDER SIEGAL

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife SARAH SIEGAL 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased. unknown  
(Month) (Day) (Year)

8. AGE: Years 64 Months - Days - If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation RESTAURANT OWNER

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

12. Name MEYER SIEGAL

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

14. Maiden name MOLLIE

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

16. (a) Informant SARAH SIEGAL

(b) Address 3023 HIGHLAND

17. (a) BURIAL (b) Date thereof 7-20-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SHEFFIELD

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

(b) Address 3400 WOODLAND, KCMO

19. (a) July 20, 1941 (b) M. M. Groves  
(Date received local registrar) (Registrar's signature)

361 (Licensed Embalmer's Statement on Reverse Side)

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

0930

**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..... *Beit 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.**