

No. 2
-1-4-41
5-17-39
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FILED AUG 10 1941 399

Primary Registration District No. **1002**

Registrar's No. **2256**

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

48
3
8

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:
ST. LUKES
(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 **55 YEARS**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **JACKSON** ⁰⁴⁸

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

(d) Street No. **307 E 66th ST**
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)

If yes, name country **0**

3. (a) PRINT FULL NAME **DAVID FINKELSTEIN**

3. (b) If veteran, name war **NO**

3. (c) Social Security No. **NONE**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JULY** day **21**
year **1941** hour **5** minute **35 P.M.**

4. Sex **MALE** 5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **SUNNIE FINKELSTEIN** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **UNKNOWN**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **March 29** to **July 21** 19**41**

that I last saw him alive on **July 21** 19**41**
and that death occurred on the date and hour stated above.

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

Immediate cause of death:
Coronary Thrombosis
Diabetes Mellitus
Dec. Carcinoma Thyroid

Duration:
1 year
25 yrs
2 yrs

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

10. Usual occupation **RETIRED JEWELER**

Due to **50c**

Other conditions (Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business

12. Name **LOUIS FINKELSTEIN**

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

14. Maiden name **CHARLOTTE**
(City, town, or county) (State or foreign country)

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

Major findings:
Of operations

Of autopsy **None**

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

16. (a) Informant **LEO FINKELSTEIN**
(b) Address **5800 CENTRAL**

17. (a) **BURIAL** (b) Date thereof **7-23-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SHEFFIELD**

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?

18. (a) Signature of funeral director **J. PLOUIS FUNERAL HOME**
(b) Address **3400 WOODLAND HIGHWAY**

19. (a) **7-23-41** (b) **M. M. Crown**
(Date received local registrar) (Registrar's signature)

23. Signature **J. P. Rayburn** (M. D. or other)
Address **116 1/2 W. 16th St.** Date signed **7/21/41**

1915

PROFESSIONAL BO
1-4 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.....

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

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.