

FILED SEP 12 1941
Registration District No. 99

Primary Registration District No. 1002

Registrar's No. 3130

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 Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 4 Mo. 0 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State OKlahoma (b) County _____
(c) City or town Tulsa
(If outside city or town limits, write "RURAL")
(d) Street No. 1505 So Norfolk
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 40 yrs 2

3. (a) PRINT FULL NAME Joseph Yusim

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

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Jennie 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 15 1891
(Month) (Day) (Year)

8. AGE: Years 49 Months 11 Days 3
If less than one day _____ hr. _____ min.

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

10. Usual occupation Lawyer

11. Industry or business _____

MOTHER FATHER
12. Name Zadel Yusim
13. Birthplace Russia
(City, town, or county) (State or foreign country)
14. Maiden name Sitra Schachtman
15. Birthplace Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Jennie Yusim
(b) Address Tulsa, Okla.

17. (a) Burial (b) Date thereof 8-18-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chicago, Ill.

18. (a) Signature of funeral director J. P. Louis Funeral Home
(b) Address 818 1/2 N. M. Brown

19. (a) 9/18/41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 18
year 1941 hour 12 minute 10 A.M.

21. I hereby certify that I attended the deceased from _____ to _____
that I last saw him/her alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Edema
Hypertensive Myocardial
Old Hemorrhagic Infarction
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: 1310
Of operations _____
Of autopsy _____

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) _____ (e) Means of injury _____
23. Signature R. C. C. Brown (M. D. or other) 3
Address _____ Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
442-65-154803

SEP 3 0 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.

Signed.....

Licensed Embalmer No.....

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.