

Registration District No. **377**

Primary Registration District No. **1002**

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. MARYS HOSPITAL**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **10 DAYS**  
(Specify whether  
In this community **40 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. **3000 EAST 37th ST**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **AUG** day **19**  
year **1941** hour **11:30** minute \_\_\_\_\_ A.M.  
21. I hereby certify that I attended the deceased from **1939**  
to **7/29/41**, 19\_\_\_\_  
that I last saw him alive on **7/19/41**, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Gangrene of leg**  
**(arteriosclerotic)**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Duration

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
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?

23. Signature \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
Address **Byrant Dr. L.A.** Date signed **8/20/41**

3. (a) PRINT FULL NAME **MORRIS FISHMAN**

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 FISHMAN** 6. (c) Age of husband or wife if alive **59** years

7. Birth date of deceased **JULY 10 1882**  
(Month) (Day) (Year)

8. AGE: Years **59** Months **1** Days **9** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **RETIRED GROCER**

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

12. Name **UNKNOWN**

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

14. Maiden name \_\_\_\_\_ (City, town, or county) (State or foreign country)  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant **HY FISHMAN**

(b) Address **3000 E 37th ST. K.C. MO**

17. (a) **BURIAL** (b) Date thereof **8-20-41**  
(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 **3400 WOODLAND, K.C. MO**

19. (a) **8/20/41** (b) **M. M. Groom**  
(Date received local registrar) (Registrar's signature)

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

00600

Rolt. Uhlmann  
Bryant Bldg  
1:00 to 4:00

**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.....

..... *MYS ELF* ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *Best Logan* .....,  
Licensed Embalmer No. *3979* .....,  
P. O. Address *Kansas City.*

**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.**