

FIFTH OCT 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

nr Glascock 30560
State File No. 3317
Registrar's No.

Registration District No. 399

Primary Registration District No. 1002

48
8
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Jackson
(c) Name of hospital or institution: St. Lukes Hospital
(d) Length of stay: In hospital or institution 2 days
In this community 1 mo 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Jackson
(d) Street No. 3621 Pasedo
(e) If foreign born, how long in U. S. A. 0 years

3. (a) PRINT FULL NAME Bennett B. Shapiro
(b) If veteran, name war _____
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 1
year 1941 hour _____ minute _____ M.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced _____
6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from July 25, 1941, to Sept. 1, 1941; that I last saw him alive on Sept. 1, 1941; and that death occurred on the date and hour stated above.

7. Birth date of deceased: July 24, 1941
8. AGE: Years 1 Months 6 Days _____ hr. _____ min.

Immediate cause of death: Broncho-pneumonia
Duration: 3 day

9. Birthplace: Kansas City, Mo.
10. Usual occupation _____
11. Industry or business _____

Other conditions: Congenital Heart Disease
Due to: 1572 157E

MOTHER FATHER
12. Name: Miriam Shapiro
13. Birthplace: Rochester, Mass.
14. Maiden name: Miriam M. Wick
15. Birthplace: Rochester, N.Y.

Major findings: Of operations _____
Of autopsy: Congenital anomaly of heart, Broncho-pneumonia
PHYSICIAN: _____

16. (a) Informant: Miriam Shapiro
(b) Address: 3621 Pasedo
17. (a) Burial, cremation, or removal: Burial (b) Date thereof: 9-2-41
(c) Place: burial or cremation: Scholich Co.

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director: _____
(b) Address: _____
19. (a) Date received local registrar: 9/4/41 (b) Registrar's signature: M. (M.) Crowe

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature: E. J. Glascock, (M. D. or other) _____
Address: 1301a Prof. Bldg. Date signed: 9-3-41

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.