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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 22 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41 37615

Primary Registration District No. 1002

Registrar's No. 4410

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: O.K.C. GENERAL HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... In this community 47 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town K.C. (If outside city or town limits, write "RURAL")

(d) Street No. 401 Huntington Rd (If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME HYMAN MINDA

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 WIDOWED

6. (b) Name of husband or wife RACHAEL GREENBERG

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

7. Birth date of deceased JULY (Month) 10 (Day) 1852 (Year)

8. AGE: Years	Months	Days	If less than one day
89	4	17	..... hr. ..... min.

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

10. Usual occupation MERCHANT

11. Industry or business .....

FATHER

12. Name ISRAEL MINDA

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

MOTHER

14. Maiden name UNKNOWN

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

16. (a) Informant MEYER MINDA

(b) Address 5320 PASEO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-30-41 (Month) (Day) (Year)

(c) Place: burial or cremation ROSE HILL

18. (a) Signature of funeral director J. P. Levi's Funeral Home

(b) Address 3400 WOODLAND K.C.MO.

19. (a) 11-28-41 (Date received local registrar) (b) H. M. Crow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ..... day 11-27-41

year ..... hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19..... ; that I last saw ..... alive on ..... 19..... ; and that death occurred on the date and hour stated above. 7:30 P.M.

	Duration
Immediate cause of death: Retroperitoneal Hemorrhage	
Due to: Fracture of the pelvis	
Due to: Fracture of 1st Lumbar vertebrae	
Due to: Acts traumatism	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy Yes

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) Accident

(b) Date of occurrence 11-27-41

(c) Where did injury occur? K.C. Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm or in industrial place, or public place? Pedestrian struck by auto (Specify one of place)

While at work? ..... Means of injury .....

23. Signature Gordon M. Brake (M. D. or other)

Address K.C. Mo Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

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 Logan

Licensed Embalmer No. 3979

P. O. Address H. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.