

No. 2  
4-41  
17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

40886

LED JAN 24 1942

State File No. \_\_\_\_\_

4562

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

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:  
4233 Brooklyn  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 38 Years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. 4233 Brooklyn  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 10

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 8  
year 1941 hour 12 minute 45 P. M.  
21. I hereby certify that I attended the deceased from 12/4/41  
2 4 1939 to Dec 8 1941  
that I last saw h. live alive on Dec 8 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Acute Coronary Occlusion  
Due to Hypertension 93 D  
Due to Chronic Myocarditis  
& Vascular Occlusion  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Jacob Lipsky  
3. (b) If veteran, name war No  
3. (c) Social Security No. None

4. Sex Male 0 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Selma Lipsky  
6. (c) Age of husband or wife if alive 46 years  
7. Birth date of deceased Unknown  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
56 - - - - - hr. min.

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

10. Usual occupation Merchant

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

MOTHER FATHER { 12. Name Benjamin Lipsky  
13. Birthplace Russia h  
(City, town, or county) (State or foreign country)  
14. Maiden name Vett a Levinson  
15. Birthplace Russia h  
(City, town, or county) (State or foreign country)

16. (a) Informant Eugene Lipsky  
(b) Address 4233 Brooklyn, K. C. Mo.

17. (a) Burial (b) Date thereof 12-9-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Carmel

18. (a) Signature of funeral director J. P. Louis Funeral Home  
(b) Address 3400 Woodland K. C. Mo.

19. (a) Dec. 9, 1941 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature J. H. Shaper M.D. (a) D. or other) \_\_\_\_\_  
Address 6th & Belmont Bldg Date signed 12/9/41

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

**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 *My self*

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

Signed *Bert Logan*  
Licensed Embalmer No. *3979*

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.**