

Registration District No. **399**

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: **Menorah Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **20 Years** (Specify whether years, months or days) **0**

3. (a) PRINT FULL NAME **Samuel B. Nelkin**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Male** 0 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Helen Nelkin** 6. (c) Age of husband or wife if alive **39** years
7. Birth date of deceased **July 21 1902**
(Month) (Day) (Year)

8. AGE: Years **39** Months **5** Days **10** If less than one day
.....hr. min.

9. Birthplace **Poland** 4
(City, town, or county) (State or foreign country)

10. Usual occupation **Merchant**

11. Industry or business

12. Name **Nathan Nelkin**

13. Birthplace **Poland** 4
(City, town, or county) (State or foreign country)

14. Maiden name **Rose Nelkin**

15. Birthplace **Poland** 4
(City, town, or county) (State or foreign country)

16. (a) Informant **Helen Nelkin**

(b) Address **5610 Euclid, K. C. Mo.**

17. (a) **Burial** (b) Date thereof **1-1-42**
(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) **Dec. 31 1941** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** 049
(c) City or town **Kansas City** 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. **5610 Euclid** (If rural, give location)
(e) Citizen of foreign country? (Yes or No) **0**
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **31**
year **1941** hour **3:50** minute **P** M.

21. I hereby certify that I attended the deceased from **1939** to **12/31/41**
that I last saw him **live on 12/31** and that death occurred on the date and hour stated above.
Immediate cause of death **Ca ventric.** Duration

Due to

Due to

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?

While at work? (Specify type of place)

23. Signature **Robert W. McCall** (M. D. or other)

Address **5610 Euclid** Date signed **12/31**

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.