

FILED MAR 9 1942
Registration District No. _____

Primary Registration District No. 1002

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

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 Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Jan. 17 to date
28 Yrs. (Specify whether
In this community _____
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. 4009 Benton (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Emmanuel M. Entin

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sarah Entin 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Feb. 8 1889
(Month) (Day) (Year)

8. AGE: Years 53 Months - Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Russia (City, town, or county) (State or foreign country) 10

10. Usual occupation Grocer

11. Industry or business _____

MOTHER FATHER { 12. Name Simon Isadore Entin

13. Birthplace Russia (City, town, or county) (State or foreign country) 10

14. Maiden name Rebecca Unknown

15. Birthplace Russia (City, town, or county) (State or foreign country) 10

16. (a) Informant Meyer J. Pecher

(b) Address 4241 Paseo

17. (a) Burial (b) Date thereof Feb. 11, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Cem.

18. (a) Signature of funeral director J. P. Louis Fun. Home

(b) Address Kansas City, Mo.

19. (a) 2/11/42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month II/10/42 year 1942 hour 9 minute _____ M.

21. I hereby certify that I attended the deceased from 7/24/42 to II/10/42 that I last saw him alive on II/10/42 and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis (glomerular nephritis) chronic 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) _____ (Specify type of means of injury)

23. Signature M. M. Brown (Date or other) _____

Address Begant Building State signed _____

APR 20 1942

MAY 18 1942

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..... *But Regan*
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 with the above constitutes grounds for revocation of license.)

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