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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 9 1942

Registration District No. _____

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5431

Primary Registration District No. _____

Registrar's No. 611

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: 2 DAYS
In this community: ABOUT 40 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: JACKSON 6
(c) City or town: KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 4346 BENTON 8
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country: O

3. (a) PRINT FULL NAME: SARAH KAPLAN
3. (b) If veteran, name war: NO
3. (c) Social Security No.: NONE
4. Sex: FEMALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: WIDOWED
6. (b) Name of husband or wife: LOUIS KAPLAN
6. (c) Age of husband or wife if alive: Dec years
7. Birth date of deceased: MAY (Month) (Day) 1868 (Year)

8. AGE: Years 73 | Months 9 | Days — | If less than one day: hr. min.

9. Birthplace: (City, town, or county) (State or foreign country) RUSSIA
10. Usual occupation: HOUSE WIFE
11. Industry or business:
FATHER
12. Name: HYMIE KAPLAN
13. Birthplace: (City, town, or county) (State or foreign country) RUSSIA
MOTHER
14. Maiden name: GOZOTE
15. Birthplace: (City, town, or county) (State or foreign country) RUSSIA
16. (a) Informant: GOLDIE GOTTLIEB
(b) Address: 4346 BENTON
17. (a) (Burial, cremation, or removal): BURIAL (b) Date thereof: (Month) (Day) (Year) 2-15-42
(c) Place: burial or cremation: SHEFFIELD
18. (a) Signature of funeral director: J. P. LOUIS FUNERAL HOME
(b) Address: 3400 WOODLAND KCMO
19. (a) (Date received local registrar) 2/16/42 (b) (Registrar's signature) M. M. Brown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14 year 1942 hour 5:45 minute a M.
21. I hereby certify that I attended the deceased from Jan / 1939 to Feb 14 1942 that I last saw her alive on Feb 13 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac failure	1 day
Due to: Myocardial degeneration	Chron.
Other conditions (Include pregnancy within 3 months of death): 93D	

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? (Specify type of place)
While at work? _____ (e) Means of injury: O

23. Signature: Alberto Tuesbro (M.D. or other)
Address: 420 Prof Bldg Date signed: 2/14/42

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....Bert Logan.....

Licensed Embalmer No.....3979.....

P. O. Address.....K. C. Mo.....

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

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