. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 25 1942

Registration District No. 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9454

Primary Registration District No. 1002

Registrar's No. 1441

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: Drake Hotel - 1016 Locust
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 50 yrs
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") 8

(d) Street No. 1016 Locust
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Hyman Alport

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex 0 Male

5. Color or race Wh

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Rose

6. (c) Age of husband or wife if alive 1875 years

7. Birth date of deceased Apr (Month) 5th (Day) 1885 (Year)

8. AGE: Years 67 ~~57~~ Months - Days -4 If less than one day ..... hr. ..... min.

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

10. Usual occupation Resturant owner

11. Industry or business

FATHER
12. Name Elia Alport
13. Birthplace (City, town, or county) Russia (State or foreign country)

MOTHER
14. Maiden name Perle Milensky
15. Birthplace (City, town, or county) Russia (State or foreign country)

16. (a) Informant A. E. Alport
(b) Address K. C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-12-42 (Month) (Day) (Year)
(c) Place: burial or cremation Sheffield Cem

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

19. (a) 4/11/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 9th
year 1942 hour 12 am minute ..... M.

21. I hereby certify that I attended the deceased from Feb 11, 1942, to March 27, 1942
that I last saw h..... alive on March 27, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Hypertensive enlarged heart

Due to 95c²

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? Means of injury 0

23. Signature E. L. Gunberg (M. D. or other)

Address 703 Shukert Bldg Date signed Apr 11

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(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 Philip Lewis, Registered Apprentice No. 27, working under my personal supervision.

Signed Philip Lewis

Licensed Embalmer No. 31100

P. O. Address K. 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.