

FILED JUN 18 1942
Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2270

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 K.C. General Hospital No. 1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 hr.
24 Yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME JACOB KAPLAN

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Not Known

6. (c) Age of husband or wife if alive Not Known years

7. Birth date of deceased July 24, 1870
(Month) (Day) (Year)

8. AGE: Years 71 Months 10 Days 16 If less than one day
hr. min.

9. Birthplace Minsk, Russia 6
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Unknown

MOTHER FATHER

12. Name Not Known

13. Birthplace Not Known 9
(City, town, or county) (State or foreign country)

14. Maiden name Not Known

15. Birthplace Not Known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Spiegelman

(b) Address Kansas City, Missouri

17. (a) Burial (b) Date thereof June 9, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Carmel Cem.

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

(b) Address 3400 Woodland Ave.

19. (a) 6-10-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 4 8 3

(c) City or town Kansas City 8

(d) Street No. 1006 East 29th St.
(If rural, give location) 0

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7th
year 1942 hour 11 minute 55 P. M.

21. I hereby certify that I attended the deceased from 6-7-42 to 6-7-42, 19____, 19____

that I last saw him alive on 6-7-42, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation

Due to 95c2

Due to _____

Other conditions (Include pregnancy, within 3 months of death) _____

Major findings: Of operations _____

Of autopsy None

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) (e) Means of injury TD

23. Signature Anney R. Thome (M. D. or other) _____
Address Med. Dir. K.C. Gen. Hospital Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

Richard L. Lewis

Licensed Embalmer No. 3110

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.