. No. 2
-1-4-41
-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 26 1942
Registration District No. 85

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20648
Primary Registration District No. 1001
Registrar's No. 566

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community 35 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL") 7
(d) Street No. 725 So 14th
(If rural, give location)
(e) Citizen of foreign country? no 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Bessie Agranoff
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female | 5. Color or race White | 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bares Agranoff
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased May ? 1894 (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year 1942 hour 7 minute 45 P.M.
21. I hereby certify that I attended the deceased from June 8, 1942, to June 8, 1942, that I last saw h. alive on June 8, 1942, and that death occurred on the date and hour stated above.

8. AGE: Years	Months	Days	If less than one day
48	1	?	hr. min.

Immediate cause of death: Acute coronary Thrombosis — Duration: 10 hrs.
Due to: 94a
Due to:
Other conditions (Include pregnancy within 3 months of death): Essential Hypertension

9. Birthplace — (City, town, or county) Russia (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Benjamin Falk
13. Birthplace — (City, town, or county) Russia (State or foreign country)

MOTHER
14. Maiden name ? Faulbin
15. Birthplace — (City, town, or county) Russia (State or foreign country)

16. (a) Informant Bares Agranoff
(b) Address 725 So 14th

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9-42 (Month) (Day) (Year)
(c) Place: burial or cremation Sharre Sholem

18. (a) Signature of funeral director Heerman & Son
(b) Address 1946 Calhoun

19. (a) June 10-42 (Date received by local registrar) (b) H. J. Mustbrasher (Registrar's signature) CLERK BOARD OF HEALTH ST. JOSEPH

Major findings:
Of operations None
Of autopsy None

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

23. Signature Harold J Brumm (M. D. or other)
Address St Joseph, Mo Date signed 6-9-42

12-23 (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..... Robert L Yaple

Licensed Embalmer No. 3308

P. O. Address St Joseph MO

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

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

U. S. No. 2B
10M—8-21-41
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 85- Primary Registration District No. 1001 Registrar's No. 566

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

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Joseph Hosp (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days) In this community 35 yrs

2. USUAL RESIDENCE OF DECEASED: 645

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No. 725 So 14th (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Bessie Agranoff
3. (b) If veteran, name war. no
3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Bares Agranoff 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased May (Month) - 18 (Day) 94 (Year)

8. AGE: Years 48 Months 1 Days (If less than one day) hr. min.

9. Birthplace — (City, town, or county) Russia (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

MOTHER
12. Name ? Fanbun
13. Birthplace — (City, town, or county) Russia (State or foreign country)

FATHER
14. Maiden name ? Benjamin Fack
15. Birthplace — (City, town, or county) Russia (State or foreign country)

16. (a) Informant Bares Agranoff
(b) Address 725 So 9 4th
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June-9-42 (Month) (Day) (Year)
(c) Place: burial or cremation Shaare Sholem
18. (a) Signature of funeral director Heerman & Son Inc
(b) Address 1946 Calhoun
19. (a) 6-9-42 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8 year 1942 hour 7 minute 45- M.

21. I hereby certify that I attended the deceased from June 8 1942 to June 8 1942 that I last saw h alive on June 8 1942 and that death occurred on the date and hour stated above.

SUPPLEMENTARY

	Duration
Immediate cause of death Acute Coronary Thrombosis	10 hrs.
Due to	
Due to	
Other conditions Essential Hypertension (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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 0

23. Signature Harold J. Brumm (M. D. or other)
Address St Joseph Mo Date signed 6-9-42

5-20648