S. No. 2
—1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 24 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29480

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3377

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town K.C. MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Menorah O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 25 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson 48
(c) City or town K.C. 3
(If outside city or town limits, write "RURAL") 6
(d) Street No. Armour & Cherry
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country O

3. (a) PRINT FULL NAME Dr. Herbert Lipman

3. (b) If veteran, name war no
3. (c) Social Security No. None

4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sylvia Lipman
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Feb. (Month) 4 (Day) 1891 (Year)

8. AGE: Years 51 Months 7 Days 9 If less than one day hr. min.

9. Birthplace Leeds (City, town, or county) England (State or foreign country)
10. Usual occupation Physician
11. Industry or business
FATHER
12. Name Dont Know
13. Birthplace (City, town, or county) Eng. 4 (State or foreign country)
MOTHER
14. Maiden name Dont Know
15. Birthplace (City, town, or county) Eng 4 (State or foreign country)
16. (a) Informant Mrs Sylvia Lipman
(b) Address Armour & Cherry
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/15/42 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Minneapolis Minn
18. (a) Signature of funeral director Carroll-Davidson
(b) Address 3024 Troost
19. (a) 9-14-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 13th year 1942 hour 10 oclock minute 10 M.
21. I hereby certify that I attended the deceased from 9-1-42, 19, to 9-13, 1942
that I last saw him alive on 9-13-, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Disease acute

Due to Coronary Disease

Due to 94a

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Coronary Disease

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? (e) Means of injury

23. Signature W. Byr-Block (M. D. or other)
Address 535 Professional Bldg Date signed 9-13-42

361 (Licensed Embalmer's Statement on Reverse Side) KC-MO

NOV 17 19[illegible]

JUN 22 1944

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 Julian K. Davidson

Licensed Embalmer No. 1168

P. O. Address.....

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.