. S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 28 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

39665

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4645

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: 2803 Harrison (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days) 52 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3

(c) City or town Kansas City 8 (If outside city or town limits, write "RURAL")

(d) Street No. 2803 Harrison (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Minnie Epstein

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Fe

5. Color or race Wh.

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

6. (b) Name of husband or wife Jacob Epstein

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Aug. (Month) 1 (Day) 1874 (Year)

8. AGE: Years 68 Months 4 Days 10 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Morris Stern
13. Birthplace (City, town, or county) Russia 6 (State or foreign country)

MOTHER
14. Maiden name Hannah
15. Birthplace (City, town, or county) Russia 6 (State or foreign country)

16. (a) Informant Leon Epstein

(b) Address K. C. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-13-42 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Carmel

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

(b) Address K. C. Mo

19. (a) 12-14-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 11 year 1942 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from , 1933, to Dec 9, 1942; that I last saw her alive on 12/9, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Inanition	6 mo
Due to Senile Dementia	9 yrs
Due to 162	
Other conditions (Include pregnancy within 3 months of death)	
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

23. Signature Edward T. Gibson M.D. (M. D. or other)

Address 1228 Prof. Bldg Date signed 12/12/42

(Licensed Embalmer's Statement on Reverse Side)

8 2 030 MAR

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 Archie 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.