S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Dr. L. M. Shafner 1411 Professional Bldg.

State File No. 490

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town K.C. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2510 Montgall (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 23 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson 48
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 2510 Montgall (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Eva Yakubowsky

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex fe

5. Color or race W

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Phillys Yakubosky

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased May 16 1877 (Month) (Day) (Year)

8. AGE: Years 65 Months 8 Days 13 If less than one day hr. min.

9. Birthplace Poland (City, town, or county) 4 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Morris Berlinsky
13. Birthplace Poland (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Sinkman
15. Birthplace Poland (City, town, or county) 4 (State or foreign country)

16. (a) Informant Louis Jacobs
(b) Address 4128 Wabash

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-31-43 (Month) (Day) (Year)
(c) Place: burial or cremation Schifield Cem.

18. (a) Signature of funeral director H. Tiseman & Sons
(b) Address K.C. Mo.

19. (a) Jan. 31 1943 (Date received local registrar) (b) W. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29 year 1943 hour 8:30 minute A M.

21. I hereby certify that I attended the deceased from January 29, 1943, to January 29, 1943 that I last saw her alive on January 29, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Acute coronary Occlusion

Due to Chronic myocardial

Due to Senile Sclerosis

Other conditions 93 [illegible]
(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? (e) Means of injury

23. Signature L. M. Shafner (M. D. or other) MD
Address 628 Professional Bldg Date signed 1-31-43

(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 Francis Wallace, Registered Apprentice No. 2744, working under my personal supervision.

Signed J. H. Regimon

Licensed Embalmer No. 2744

P. O. Address K-C, Md.

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.