No. 2
—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 MAY 5 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13170

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1736

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: 4035 Kenwood 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Week (Specify whether

In this community 4½ yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

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

(d) Street No. 4035 Kenwood (If rural, give location)

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

If yes, name country Poland

3. (a) PRINT FULL NAME FRIEDMAN, MR. ARNOLD

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M

5. Color or race Wh

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

6. (b) Name of husband or wife Margaret

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Sept. (Month) 20 (Day) 1890 (Year)

8. AGE: Years 52 Months 6 Days 20 If less than one day ___ hr. ___ min.

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

10. Usual occupation Clerk

11. Industry or business

12. Name Julius Friedman

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

14. Maiden name Rose Mayer

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

16. (a) Informant ~~Margaret~~ Mina Friedman

(b) Address 4035 Kenwood

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/12/43 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

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

(b) Address 3400 Woodland

19. (a) 4-12-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Ap day 10 year 1943 hour 10:10 PM minute ___ M.

21. I hereby certify that I attended the deceased from Jan 1, 1943 to Ap 16, 1943 that I last saw him alive on Ap 10, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Left hypernephroma	½ yr
Due to 12 W	
Due to hemophylia	20 yrs
diabetes	5 yrs
Other conditions hypertension (Include pregnancy within 6 months of death)	2 yrs

Major findings: Of operations Left hypernephroma

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 Leo H Pollock (M. D. ~~or other~~)

Address 424 Professional Bldg Date signed 4/11/43

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2756

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.

State of Mo
County of Jackson } ss.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No.
Local Registrar's No. 1736

On this 19th day of April, 1944 before me appears Mrs Mina Friedman, who, upon her oath, states that the original record of ~~birth~~ death for Arnold Friedman, ~~born~~ died 4-10, 1943, in the State of Missouri, and which was filed at KC on 4-12, 1943, should be corrected as follows:

Item No. 6B + 16A should read Mina

Instead of Margaret

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mina Friedman Relationship. widow

Present Address.

Subscribed and sworn to before me this 19th day of April, 1944.

My Commission expires Oct. 20. 1947 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
25M-3-42
I X32339

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