

ED MAY 5 1943 149

Primary Registration District No. 1002

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: Memorial Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3-5-43-4-11-43
(Specify whether
In this community 35 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 449 W. 67th St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jacob M. Greenberg

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

4. Sex Male 5. Color or Race Wh 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Anna Greenberg 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Not known
(Month) (Day) (Year)

8. AGE: Years 75 Months - Days - If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Merchant

11. Industry or business _____

MOTHER FATHER { 12. Name Mayer Greenberg
13. Birthplace Russia
(City, town, or county) (State or foreign country)
14. Maiden name Hinda
15. Birthplace Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Lee Greenberg
(b) Address K.C., Mo.

17. (a) Burial (b) Date thereof 4-13-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Carmel Cem.

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

(b) Address K.C., Mo.

19. (a) 4-15-43 (b) M. M. Cron
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Apr day 11
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 2/8/43 to 4/11
that I last saw him alive on 4/11
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart failure 3 mths

Due to Ch. Muscular Dystrophy several years
Due to Coronary Thrombosis 5 mths

Other conditions 93A
(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?

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature J. V. Bell (M. D. or other)
Address 1127 E. 12th St Date signed 4/12/43

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

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..... 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.