

S. No. 2
4-5-42
5-17-39
1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13277

State File No.

FILED MAY 10 1943
Registration District No.

Primary Registration District No. 1062

Registrar's No. 1904

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Memorial Hosp. 14222 Wabash,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 43 yrs.
In this community 43 yrs.
years, months or days) (Specify whether)

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. 4222 Wabash
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country: USA

3. (a) PRINT FULL NAME

HARRY LITT MANOVITZ

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 21 day April
year 1943 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from Jan 1
1938 to April 21, 1943

that I last saw him alive on April 21, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Edema Duration 12 hrs

Due to: Malignant hypertension
Generalized arteriosclerosis

Other conditions: 97
(Include pregnancy within 3 months of death)

Major findings: 97
Of operations: _____
Of autopsy: _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife: Esther 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased: unknown
(Month) (Day) (Year)

8. AGE: Years 71 Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation retired

11. Industry or business _____

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Souis Comonow

(b) Address 5704 Osceola

17. (a) Burial (b) Date thereof 4-22-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Sheffield Cemetery

18. (a) Signature of funeral director: W. Louis

(b) Address 3400 Woodland

19. (a) 4-22-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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 A. Morris Duesbery M. D. or other _____

Address 420 Prof Bldg Date signed 4-22-43

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

MOTHER FATHER

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.....

A. L. Lewis

Licensed Embalmer No.....

3110

P. O. Address.....

H. 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.