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S. No. 2  
OM-2-43  
5-17-39  
I X 3333

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

ED JUN 7 1943  
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2446

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: Menorah Hosp D  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days  
(Specify whether years, months or days)

In this community 24 yrs  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson <sup>48</sup>

(c) City or town Kansas City <sup>3</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. 2313 E 30th St <sup>8</sup>  
(If rural, give location)

(e) Citizen of foreign country? No. <sup>6</sup>  
(Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Minnie Baru

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24  
year 1943 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 15, 1943  
19\_\_\_\_ to May 24, 1943 19\_\_\_\_

that I last saw her alive on May 24, 1943 19\_\_\_\_  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Wh.

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

6. (b) Name of husband or wife Louis Baru

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

7. Birth date of deceased Not known  
(Month) (Day) (Year)

Immediate cause of death apoplexy

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions arteriosclerosis  
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>-</u>	<u>-</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Barach Bobrov

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

14. Maiden name Festa

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

16. (a) Informant Louis Baru

(b) Address K. C. Mo.

17. (a) Burial (b) Date thereof 5-25-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheffield Cem

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

(b) Address K. C. Mo.

19. (a) 5-29-43 (b) m m Crowe  
(Date received local registrar) (Registrar's signature)

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. H. ... M.D. (M. D. or other)

Address 408 ... Date signed 5/25/43

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

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**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.....

.....  
working under my personal supervision.

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

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.**