S. No. 2
M—2-43
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X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20514

D JUL 13 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2872

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: General Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 12 days (Specify whether years, months or days)

In this community: ~~40 Years~~

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48 3

(c) City or town: Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No.: 1609 Lister
(If rural, give location)

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

If yes, name country: 0

3. (a) PRINT FULL NAME: Julius Michaels

3. (b) If veteran, name war: No.

3. (c) Social Security No. 495-07-4447

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Katherine Michaels

6. (c) Age of husband or wife if alive: 55 years

7. Birth date of deceased: November 29th. 1883 (Month) (Day) (Year)

8. AGE: Years 59 | Months 6 | Days 24 | If less than one day: hr. min.

9. Birthplace: Houston (City, town, or county) Texas (State or foreign country)

10. Usual occupation: Baker

11. Industry or business: Wonder Baking Co. 7 Years.

FATHER
12. Name: Jacob Michaels
13. Birthplace: (City, town, or county) Russia 6 (State or foreign country)

MOTHER
14. Maiden name: Flora ———
15. Birthplace: (City, town, or county) Russia 6 (State or foreign country)

16. (a) Informant: Mrs Katherine Michaels

(b) Address: 1609 Lister, Kansas City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/27/43 (Month) (Day) (Year)

(c) Place: burial or cremation: Sheffield Cemetery

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

(b) Address: 3400 Woodland, Kansa City Mo.

19. (a) 6-28-43 (Date received local registrar) (b) Dep T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23 year 1943 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 11, 1943 to June 23, 1943; that I last saw him alive on June 23, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: benign prostatic hypertrophy with obstruction	
Due to: P.O. transurethral resection	
Due to: 137 hr	
Other conditions (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? (Specify type of place)

While at work? Means of injury:

23. Signature: Henry B. Thom (M. D. or other)

Address: Date signed:

(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. 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.