

V. S. No. 2  
FORM 2-43  
REV. 5-7-41  
1 X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27333

FILED AUG 21 1943

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

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3501

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

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.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 hr. (Specify whether  
In this community 20 yrs (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Morris Masonoff

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alice 6. (c) Age of husband or wife if alive 39 years

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

8. AGE: Years 52 Months - Days - If less than one day hr. min.

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

10. Usual occupation Advertising Salesman

11. Industry or business Trade Journal

12. Name Abraham Masonoff

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

14. Maiden name Rose

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

16. (a) Informant Alice Masonoff

(b) Address K. C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-13-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Sheffield Cem

18. (a) Signature of funeral director J. P. Lewis Funeral H.

(b) Address K. C., Mo.

19. (a) 8-13-43 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

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. 3302 Prospect  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12  
year 1943 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from 7  
March 1943 to August 1943  
that I last saw him alive on July 26 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death acute Coronary Thrombosis

Due to Coronary Disease

Due to qta

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Regil M. Kohler (M. D. or other) MD

Address 630 Prof. Bldg. Date signed 8/13/43

Duration few hours  
about 8 hrs.  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*D. L. Lewis*

Licensed Embalmer No. *3112*

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.**