

S. No. 2  
M-9-4-41  
5-17-43  
X-5

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **30398**  
Registrar's No. **4006**

**FILED SEP 28 1943**

Registration District No. 149

Primary Registration District No. 100

WC 3020

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: St. Joseph Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 yr  
In this community 17 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. 1907 Leewood  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME

Lena Peskin

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Fe  
5. Color or race W  
6. (a) Single, widowed, married, divorced 1  
6. (b) Name of husband or wife Joseph  
6. (c) Age of husband or wife if alive 70 years  
7. Birth date of deceased Not known  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
about 70 — — — hr. min.

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

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business  
12. Name Mayer Chiaita  
13. Birthplace Russia  
(City, town, or county) (State or foreign country)  
14. Maiden name Bertha  
15. Birthplace Russia  
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Peskin  
(b) Address K.C. Mo.

17. (a) Burial (b) Date thereof 9-19-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Cem

18. (a) Signature of funeral director J. T. Lovist Funeral Home  
(b) Address K.C. Mo.

19. (a) 9-18-43 (b) J. E. Brown, Sep  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16  
year 1943 hour 2:10 minute P M.

21. I hereby certify that I attended the deceased from Sept 15, 1943 to Sept 16, 1943,  
that I last saw h. alive on 19  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to 94a

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN  
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?

23. Signature Thomson (Specify type of place) (Date of injury) (M.D. or other)  
Address 244 W. 1st St. Bldg Date signed 9/17/43

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**