

FILED NOV 19 1943

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 4702

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

Umlman

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

(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)

In this community 30 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson ⁴⁸

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

(d) Street No. 2845 Michigan
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Hyman Bisman

3. (b) If veteran. name war No

3. (c) Social Security No. 482-12-8368

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 6 year 1943 hour 4 minute 30 A.M.

4. Sex Male 5. Color or race W

6. (a) Single, widowed, married, divorced. 1

6. (b) Name of husband or wife Gussie

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Oct 6, 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11/20/43 to 11/20/43

that I last saw him alive on 11/15/43 and that death occurred on the date and hour stated above.

Immediate cause of death Stroke

8. AGE: Years 66 Months 1 Days 0 If less than one day hr. _____ min. _____

Due to Hardening of Arteries

Due to _____

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

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

10. Usual occupation Bread Salesman

11. Industry or business _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

12. Name Arthur Bisman

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

14. Maiden name Rachael — Not Known

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

16. (a) Informant Arthur Bisman

(b) Address K.C. Mo

17. (a) Burial (b) Date thereof 11-7-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Cem

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? _____

18. (a) Signature of funeral director F. Lewis Funeral Home
(b) Address K.C. Mo.

19. (a) 11-6-43 (b) D.E. Brown
(Date received local registrar) (Registrar's signature)

(Specify type of place) While at work _____ (e) Means of injury _____

23. Signature V.R. Umlman (D. or other) _____

Address 424 Linden Ave Date signed 11/6/43

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.