

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4719

Registrar's No.

FILED DEC 3 1943

Registration District No. 1002

Primary Registration District No. 1002

Registrar's No.

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 13 days
(Specify whether years, months or days)

In this community 25 yrs

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. 3705 Benton
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME Anna (Kobreen) Capito

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Nov, day 6
year 1943 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from May 23 1943 to Nov 6 1943
that I last saw him alive on Nov 5 1943
and that death occurred on the date and hour stated above.

4. Sex Fe

5. Color or race W

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

6. (b) Name of husband or wife Hyman

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Jan 8, 1976
(Month) (Day) (Year)

Immediate cause of death Carcinoma Gall Bladder

Due to 10 mo.

Due to 46 yr

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

67 66 9 28 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Leon Conu

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

14. Maiden name Not Known

15. Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant Sophia Kobreen

(b) Address 2216 E 38th

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

(c) Place: burial or cremation Sheffield Cem

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

(b) Address K.C. Mo

19. (a) 11-7-43 (b) D. E. Brown
(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)

23. Signature [Signature] (M.D. or other)

Address [Address] Date signed 11/6/43

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

Dr. Files 1105

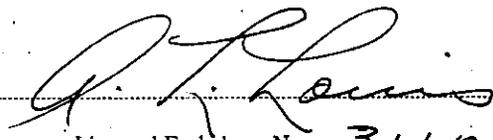
STATEMENT BY LICENSED EMBALMER

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 H. 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.