S. No. 2
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5-17-39
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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

37359

State File No.

FILED NOV 19 1943

Registration District No. 19

Primary Registration District No. 1602

Registrar's No. 4591

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

(d) Length of stay: In hospital or institution: 7 Hrs (Specify whether years, months or days)

In this community: 44 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.: 3208 Highland (If rural, give location)

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

If yes, name country: 0

3. (a) PRINT FULL NAME: Dora Krashin

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

3. (c) Social Security No.: None

4. Sex: Fe

5. Color or race: Wh

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

6. (b) Name of husband or wife: Max

6. (c) Age of husband or wife if alive: 75 years

7. Birth date of deceased: No Record (Month) (Day) (Year)

8. AGE: Years 73 | Months — | Days — | If less than one day: hr. min.

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

10. Usual occupation: House wife

11. Industry or business:

MOTHER FATHER

12. Name: Louis Smith

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: Max Krashin

(b) Address: K. C. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-29-43 (Month) (Day) (Year)

(c) Place: burial or cremation: Sheffield Cem

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

(b) Address: K. C. Mo.

19. (a) 10-29-43 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 26 year 1943 hour 9:10 minute P M.

21. I hereby certify that I attended the deceased from October 26, 1943, to Oct 26, 1943, that I last saw h. alive on Oct 26, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage

Due to: hypertension

Due to: Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death): 830

Major findings: Of operations

Of autopsy

Duration

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? (e) Means of injury

23. Signature: [illegible] (M. D. or other) MD

Address: 6[illegible] Date signed 10/27/43

(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.