

FILED JAN 5 1944

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 5404

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

(d) Length of stay: In hospital or institution 7 days
(Specify whether in this community _____ 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. Kansas City 2932 Olive
(If rural, give location)

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

3. (a) PRINT FULL NAME WILLIAM FRIEDMAN

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

4. Sex M. 5. Color or race Wh 6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Esther 6. (c) Age of husband or wife if alive 44 years

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

8. AGE:	Years	Months	Days	If less than one day
	<u>45</u>	<u>-</u>	<u>-</u>	hr. min.

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

10. Usual occupation Taylor

11. Industry or business _____

12. Name Morris Friedman

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

14. Maiden name Not known

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

16. (a) Informant Esther Friedman

(b) Address K. C. Mo

17. (a) Burial (b) Date thereof 12-19-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheffield Cem

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

(b) Address K. C. Mo

19. (a) 12-20-43 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 16 year 1943 hour 2 minute 40 P M.

21. I hereby certify that I attended the deceased from 12/9/43 to 12/16/43, 1943

that I last saw him live on 12/16/43, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myo-cardial Infarction

Due to Acute Coronary Occlusion

Due to Diabetes mellitus

Other conditions Diabetes mellitus
(Include pregnancy within 3 months of death)

Major findings: Of operations 61

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 Donald Garrison M. D. or other _____
Address 2932 Olive K.C. Mo Date signed 12/17/43

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

MOTHER FATHER

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. No

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.