

FILED DEC 4 1944

Registration District No. 149

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 Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 1 day (Specify whether)
In this community 40 years, (Specify whether)
years, months or days)

3. (a) PRINT FULL NAME Samuel S. Shapiro

3. (b) If veteran, name war. no. 3. (c) Social Security No. no.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife. Mrs. Maude Shapiro 6. (c) Age of husband or wife if alive. unknown years
7. Birth date of deceased November 24 1873
(Month) (Day) (Year)

8. AGE: Years 70 Months 11 Days 29 If less than one day
hr. min.

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

10. Usual occupation Retired
11. Industry or business Ready-to-Wear Manufacturer

12. Name X
13. Birthplace Milton Shapiro (City, town, or county) (State or foreign country)
14. Maiden name Zimmerman
15. Birthplace Poland (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maude Shapiro
(b) Address 4205 Kenwood, Kansas City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-27-44 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director. Stine & McClure,
3235 Gillham Plaza, Kansas City, Mo.
(b) Address
19. (a) 11-24-44 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 4?
(c) City or town Kansas City,
(If outside city or town limits, write "RURAL")
(d) Street No. 4205 Kenwood,
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 23
year 1944 hour 7:00 minute A. 30 M.
21. I hereby certify that I attended the deceased from Aug 30
1944 to Nov 23 1944
that I last saw him alive on Nov. 27 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Rectum
with metastases in
abdomen. Duration 1 1/2 yrs

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
46

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) (e) Means of injury
23. Signature James Smith (M. D. or other)
Address 218 Prof Bldg Date signed 11/24/44
T. E. Brown

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

MOTHER FATHER

Dr. J. D. Smith
Pres. v. 2786.

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address 74. @ 710

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.