

Registration District No. 149

Primary Registration District No. 1002

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: Mount to Menorah Hosp. 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Friday
(Specify whether years, months or days) 45 yrs

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. 3211 Chestnut
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 11

3. (a) PRINT FULL NAME Isaac Lieberman

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or race Wh

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

6. (b) Name of husband or wife Rachael

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

7. Birth date of deceased unknown
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14 year 1945 hour 8 minute 45 M.

21. I hereby certify that I attended the deceased from Sep 28 to Jan 14, 1945
that I last saw him living alive on Oct 1, 1944
and that death occurred on the date and hour stated above.

8. AGE: Years app. 70 Months 1 Days 1 If less than one day hr. min.

9. Birthplace 10 Russia
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Merchant

11. Industry or business Scrap Iron + Metal

12. Name Joseph Lieberman

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

14. Maiden name unknown

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

16. (a) Informant Harold Waxman
(b) Address K. C. Mo

17. (a) Burial (b) Date thereof 1-16-45
(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) 1-15-45 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

Immediate cause of death Acute Coronary failure

Due to Coronary disease

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: A4 W

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

2. 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) (Means of injury)

23. Signature M. Shapiro (M. D. or other) MD
Address 1000 P. M. Bldg. Date signed 1-15-45

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

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.....

P. O. Address.....

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.