V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1623

FILED APR 23 1945

Registration District No. 449

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

(d) Length of stay: In hospital or institution 4-6-45-4-9-45 (Specify whether
In this community 33 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1919 E 34
(If rural, give location)

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

If yes, name country ✓

3. (a) PRINT FULL NAME Botwinik. Nathan

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race Wh

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

6. (b) Name of husband or wife Fannie

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Unknown (Month) (Day) 1874 (Year)

8. AGE: Years 71 | Months | Days | If less than one day ___ hr. ___ min.

9. Birthplace Minsk (City, town, or county) Russia 1 (State or foreign country)

10. Usual occupation Grocer

11. Industry or business Retired

FATHER
12. Name Nathan Botwinik
13. Birthplace Unknown (City, town, or county) Russia 6 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Russia 6 (State or foreign country)

16. (a) Informant Dave Botwinik
(b) Address 1919 E 34

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-10-'45 (Month) (Day) (Year)
(c) Place: burial or cremation Sheffield

18. (a) Signature of funeral director J. P. Louis Funeral Home
(b) Address 3400 Woodland

19. (a) 4-10-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1945 hour 4 minute 45 P M.

21. I hereby certify that I attended the deceased from April 6, 1945, to April 9, 1945;
that I last saw him alive on April 9, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: malignancy of lungs, diabetes mellitus

Due to

Due to

Other conditions: arteriosclerotic heart disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

47 d

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 J. L. Hoffman MD (M. D. or other)
Address 408 Argyle Bldg Date signed 4/10/45

(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 Guy F. Buffington

Licensed Embalmer No. 2756

P. O. Address [illegible] 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.