

FILED APR 17 1945

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1379

1. PLACE OF DEATH:

(a) County Jackson, Kansas City,
(b) City or town _____
(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 3 weeks
(Specify whether _____)
In this community 15 years
(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. Locarno Apartments
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Harry Asron Hershfield

MEDICAL CERTIFICATION

3. (b) If veteran, name war no. 3. (c) Social Security No. 490-16-4348

20. DATE OF DEATH: Month March day 25th
year 1945 hour 6:30 minute _____ P. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Sadie S. Hershfield 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased February 27 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 24, 1945
March 25, 1945, 19____, to March 27, 1945

that I last saw him alive on March 25, 1945, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chronic
Acute bronchial occlusion with inflammation 2 months
Due to bronchectasis

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>0</u>	<u>29</u>	<u>28</u> hr. _____ min.

Due to _____

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

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual Occupation Buyer
Industry or business Palace Clothing Company

Major findings: Of operations _____

11. Name Myron Hershfield,

Of autopsy _____

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

Physician _____

14. Name unknown,
(City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.

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

22. If death was due to external causes, fill in the following:

16. (a) Name William B. Silberman
(b) Address 6235 Mission Drive, K. C., Kansas.

(a) Accident, suicide, or homicide (specify) _____

17. (a) Burial (b) Date thereof 3-27-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence _____

(c) Place: burial or cremation Rose Hill Hill Cemetery

(c) Where did injury occur? _____ (City or town) (County) (State)

18. (a) Signature of funeral director Stine & McClure,

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(b) Address 3235 Gillham Plaza, K. C., Mo.

While at work? _____ (Specify type of place) (e) Means of injury _____

19. (a) 3-26-45 (b) H. E. Brown
(Date received local registrar) (Registrar's signature)

23. Signature A. Sophiein (M. D. or other) _____

Address 1405 Brighton Bldg Date signed March 29 1945

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

MOTHER FATHER
Cora M. Hershfield
Myron Hershfield

Bryant Blum

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.....

[Handwritten Signature]
.....
Licensed Embalmer No. *1415*
P. O. Address *1901*

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Mo.
County of Jackson } ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 1379

On this 13th day of August, 1945, before me appears.....

....., who, upon oath, states that the original record of ^{birth} death
for Harry Aaron Hershfield died March 25, 1945, in the State of
Missouri, and which was filed at K.C. ~~born~~ on 3-26, 1945, should be corrected as follows:

Item No. 3 should read Harry Aaron Hershfield
Instead of.....
Harry Aaron Hirshfield

Item No. should read
Instead of.....

The above is true to the best of my knowledge, information and belief.
(SEAL) Affiant Geraldine Holmes, Registrar
Relationship.....

Present Address.....

Subscribed and sworn to before me this 13th day of August, 1945.....

My Commission expires Oct. 20, 1947. Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

12222