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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 30 1945

THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 22943

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2959

**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 Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 mo. (Specify whether
In this community 61 yrs
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. Pickwick Hotel
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jacob Goldblatt
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 W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 19 (Day) 1881 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 63 | 10 | 24 | hr. min. |

9. Birthplace Russia (City, town, or county) (State or foreign country)
10. Usual occupation Retired Merchant
11. Industry or business Drug Store
MOTHER FATHER
12. Name Henry Goldblatt
13. Birthplace Russia (City, town, or county) (State or foreign country)
14. Maiden name Mary Kahn
15. Birthplace Russia (City, town, or county) (State or foreign country)
16. (a) Informant Louis Goldblatt
(b) Address K.C. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-16-45 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cem.
18. (a) Signature of funeral director J. P. Louis Funeral Home
(b) Address K.C. Mo.
19. (a) 7-16-45 (Date received local registrar) (b) Geraldine Hoemer (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 13 year 1945 hour 6 minute 45P M.
21. I hereby certify that I attended the ~~deceased~~ from Jan 1 1945 to July 13 1945 that last saw ~~him~~ alive on July 13 1945 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Cardiac failure
Due to following
Due to Coronary occlusion Sudden
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 94a
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? (Specify type of place)
While at work?
(e) Means of injury
23. Signature Alvaro Dubois (M.D. or other)
Address 4 Ward Bldg Date signed 7-15-45

(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.....

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.**