

S. No. 2  
M-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23063**  
Registrar's No. **3198**

Registration District No. **149** Primary Registration District No. **1002**

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

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 **One week**  
(Specify whether  
In this community **56 years**  
years, months or days)

3. (a) PRINT FULL NAME **Fessel Lipkin**  
3. (b) If veteran, name war **No**  
3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Unknown**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **December 22, 1866**  
(Month) (Day) (Year)

8. AGE: Years **78** Months **7** Days **7**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Retired**

11. Industry or business \_\_\_\_\_

12. Name **Unknown**

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

14. Maiden name **u**

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

16. (a) Informant **Louis Lipkin**

(b) Address **3317 Indiana Ave. K. C. Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **July 30, 1945**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Sheffield Cemetary**

18. (a) Signature of funeral director **J. P. Louis Funeral Home**

(b) Address **3400 Woodland Kansas City**

19. (a) **7-30-45** (Date received local registrar) **Waldene Holmes** (Registrar's signature)

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. **5629 Wayne Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **29**  
year **1945** hour **8** minute **15** P. M.

21. I hereby certify that I attended the deceased from **Jan 1** 19**43** to **July 29** 19**45**  
that I last saw him alive on **July 28** 19**45**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion**  
Duration **4 1/2 hours**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **94a**

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? \_\_\_\_\_

23. Signature **W Morris** (M.D. or other) \_\_\_\_\_  
Address **430 Prof Bldg** Date signed **7-30-45**

SEP 10 1945

**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, ~~only~~

..... Registered Apprentice No. ....  
working under my personal supervision.

Signed *Dwight L. Peckey*  
.....  
Licensed Embalmer No. *4225*  
.....  
P. O. Address *Indep Ma*  
.....

**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.**