

FILED OCT 13 1945
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:
Memorial Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks
(Specify whether
In this community 30 yrs.
years, months or days)

3. (a) PRINT FULL NAME Jacob Fairgold

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 Y

6. (b) Name of husband or wife deceased unk.

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

7. Birth date of deceased Sept. 18 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>0</u>	<u>17</u>	hr. _____ min. _____

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

10. Usual occupation merchant

MOTHER FATHER

11. Industry or business _____

12. Name Harry Fairgold

13. Birthplace not known Russia
(City, town, or county) (State or foreign country)

14. Maiden name not known

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

16. (a) Informant Sol Fairgold

(b) Address 4545 main

17. (a) Burial (b) Date thereof 10-7-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Carmel

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

(b) Address K.C. Mo.

19. (a) 10-6-45 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County McWright

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

(d) Street No. 523 Kansas 16.C.10.2
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 5
year 1945 hour 11 minute P M.

21. I hereby certify that I attended the deceased from Sept 21, 1945, to Oct 5, 1945
that I last saw him alive on Oct 5, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary occlusion with infarction

Due to _____

Due to _____

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

Major findings: Of operations g4a

Of autopsy _____

Duration _____

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? _____

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature Almon Duster (M.D. or other) _____

Address 1470 Prof Date signed 10-6-45

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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.....

Clarence D. Bauer..... Registered Apprentice No. *389*
working under my personal supervision.

Signed *George Buffington*.....

Licensed Embalmer No. *2756*.....

P. O. Address *K. 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.