

S. No. 2
OM-543
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. **36250**
4876
Registrar's No.

FILED DEC 12 1945

Registration District No. **149**

Primary Registration District No. **1002**

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 Hospd**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 days**
(Specify whether
In this community **26 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. **2316 E 28^A**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Sam Klein**
(b) If veteran, name war **No**
(c) Social Security No. **495-07-4871**

4. Sex **Male** 5. Color or race **Wh**
6. (a) Single, widowed, married, divorced **0**
6. (c) Age of husband or wife if alive

7. Birth date of deceased **Oct 1, 1897**
(Month) (Day) (Year)

8. AGE: Years **48** Months **1** Days **25**
If less than one day hr. min.

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

10. Usual occupation **Shoe maker**

11. Industry or business
12. Name **Morris Klein**
13. Birthplace **Russia**
(City, town, or county) (State or foreign country)
14. Maiden name **Anna Hall**
15. Birthplace **Russia**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Ben Klein**
(b) Address **Chi, Ill**

17. (a) **Burial** (b) Date thereof **11-27-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a), Signature of funeral director **J.P. Louisville Home** While at work

(b) Address **K.C. Mo**

19. (a) **11-27-45** (b) **S. J. Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **11** day **26**
1 year **1945** hour **1** minute **30 A** M.
21. I hereby certify that I attended the deceased from **11-24** 19**45**, to **11-26** 19**45**,
that I last saw him alive on **11-25** 19**45**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral apoplexy 2 day**
Due to **Thrombosis of**
by rupture of
unknown

Other conditions (Include pregnancy within 3 months of death)
Major findings: **830**
Of operations
Of autopsy

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) (e) Means of injury
23. Signature **W. J. ...** (M.D. or other)
Address **1420 Prof** Date signed **11-26-45**

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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. 3110

P. O. Address. R. 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.