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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 26 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36265

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4702

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: St. Mary's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 days (Specify whether
In this community 30 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson. 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1102 Benton 8
(If rural, give location)

(e) Citizen of foreign country? No. 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Rebecca Lerner.

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Female /

5. Color or race White

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Herman Lerner

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased August (Month) 17 (Day) 1903. (Year)

8. AGE: Years 42 Months 2 Days 27 If less than one day hr. min.

9. Birthplace Not Known (City, town, or county) Russia 6 (State or foreign country)

10. Usual occupation Home duties

11. Industry or business

FATHER
12. Name Abe Lerner
13. Birthplace Not Known (City, town, or county) Russia 6 (State or foreign country)

MOTHER
14. Maiden name Esther Lipshitz
15. Birthplace Not Known (City, town, or county) Russia 6 (State or foreign country)

16. (a) Informant Hermen Lerner
(b) Address 1102 Benton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 15, '45 (Month) (Day) (Year)
(c) Place: burial or cremation Sheffield Cemetery.

18. (a) Signature of funeral director J.P. Louis Funeral Home
(b) Address 5400 Woodland.

19. (a) 11-14-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14
year 1945 hour minute A.M.

21. I hereby certify that I attended the deceased from Oct 29, 1945, to Nov. 14, 1945
that I last saw him alive on Nov. 14th, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure

Due to Mitral stenosis with auricular fibrillation.

Due to

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

Major findings:
Of operations 92 b

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature Max Friedman M.D. (M. D. or other)
Address Prog Bldg K.C. Mo Date signed 11-14-45

(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 Clarence D. Carson, Registered Apprentice No. 389, working under my personal supervision.

Signed Guy Buffington

Licensed Embalmer No. 2956

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.