

S. No. 2  
M-5-43  
5-17-39  
I X36871

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13365**  
Registrar's No. **1659**

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 Hosp. 0**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3 mos.**  
In this community **65 yrs**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Jacob R. Shapiro**  
3. (b) If veteran, name war **no**  
3. (c) Social Security No. **none**

4. Sex **M** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Fannie**  
6. (c) Age of husband or wife if alive **years**  
7. Birth date of deceased **Dec 15 1876**  
(Month) (Day) (Year)

8. AGE: Years **70** Months **3** Days **22**  
If less than one day hr. min.

9. Birthplace **Russia**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Retired Real Estate**

11. Industry or business  
MOTHER FATHER { 12. Name **Simon J. Shapiro**  
13. Birthplace **Russia**  
14. Maiden name **Rachael (unknown)**  
15. Birthplace **Russia**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Julius C. Shapiro**  
(b) Address **235 Ward Pkwy**  
17. (a) **Burial** (b) Date thereof **4/10/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Sheffield Cem.**

18. (a) Signature of funeral director **P. J. ...**  
(b) Address **3400 Woodland**  
19. (a) **4-8-46** (b) **Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **300 E Armour Blvd 8**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **April** Day **7** 19**46**  
year **10** hour **50** minute **P** M.

21. I hereby certify that I attended the deceased from **Jan 20 1946** to **April 7 1946**  
that I last saw him alive on **April 7 1946**  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
**Generalized vascular sclerosis with cardiac failure**  
Duration **5 yrs, 3 day.**  
Died due to  
Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: Of operations **97**  
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?  
While at work (Specify type of place) Means of injury  
23. Signature **A. Morris** (M.D. or other)  
Address **420 Prof Bldg** Date signed **4-8-46**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
12271

**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.....

*B A Legan*

Licensed Embalmer No.....

*3979*

P. O. Address.....

*KC, 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.**