S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23690

FILED JUL 31 1946

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3033

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days. (Specify whether years, months or days)
In this community ~~12 days~~ unk.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson 48
(c) City or town Kansas City, Mo. 3
(If outside city or town limits, write "RURAL")
(d) Street No. 4520 South Benton 8
(If rural, give location)
(e) Citizen of foreign country? unknown (Yes or No) U
If yes, name country

3. (a) PRINT FULL NAME Charles Lichtenstein
3. (b) If veteran, name war no
3. (c) Social Security No. 486-07-6486
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Rose Lichtenstein
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
54			hr. min.

9. Birthplace (City, town, or county) Russia (State or foreign country)
10. Usual occupation tailor
11. Industry or business
FATHER
12. Name Mordelai Zalman
13. Birthplace (City, town, or county) Russia (State or foreign country)
MOTHER
14. Maiden name Heva
15. Birthplace (City, town, or county) Russia (State or foreign country)
16. (a) Informant Rose Lichtenstein
(b) Address 4520 S. Benton
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-11-46 (Month) (Day) (Year)
(c) Place: burial or cremation Sheffield Cem.
18. (a) Signature of funeral director J. P. Louis Funeral
(b) Address 3400 Woodland
19. (a) 7-11-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10 year 1946 hour 10:55 a.m.
21. I hereby certify that I attended ~~the deceased from~~ Personal Knowledge
/ 19 to 19 ;
that I last saw ~~him~~ alive on 7/10 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Colon with metastases retroperitoneal

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 46 h

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)
Home
While at work? (e) Means of injury
23. Signature John A. Stumm (M. D. or other)
Address 1402 Bryant Date signed 7/11/46

(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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed B. G. Legan

Licensed Embalmer No. 3979

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.