S. No. 2
M—8-43
7. 5-17-39
I/X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 7 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23941

State File No.

Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 44

1. PLACE OF DEATH:

(a) County JACKSON (Rural.

(b) City or town KANSAS CITY (Washington (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 8231 FOREST AVE. / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 41 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY - Rural 0 (If outside city or town limits, write "RURAL")

(d) Street No. 8231 FOREST AVE. 0 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ELI MOLOTSKY

3. (b) If veteran, name war NO

3. (c) Social Security No. None

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife CELIA

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

7. Birth date of deceased JULY (Month) 8, (Day) 1884 (Year)

8. AGE: Years 62 Months 0 Days 10 If less than one day hr. min.

9. Birthplace RUSSIA 6 (City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business

MOTHER FATHER

12. Name GERSHON MOLOTSKY 6

13. Birthplace RUSSIA (City, town, or county) (State or foreign country)

14. Maiden name SARAH

15. Birthplace RUSSIA 6 (City, town, or county) (State or foreign country)

16. (a) Informant MRS. RICHARD BARID

(b) Address 8231 FOREST AVE.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 19, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation SHEFFIELD Cem.

18. (a) Signature of funeral director J. P. LOUIS FUNERAL HOME

(b) Address 3400 WOODLAND AVE, K.C., MO.

19. (a) 7/20/1946 (Date received local registrar) (b) Dr. Emma G. Hodges (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 18 day July year 1946 hour 11:30 minute A. M.

21. I hereby certify that I attended the deceased from 15 July, 1946 to 18 July, 1946 that I last saw him alive on 18 July, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis	1 week
Due to: Cancer of the Sigmoid Colon	2 1/2 years
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations: Cancer of the Sigmoid Colon

Of autopsy:

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 Bernard Goldblatt (M. D. or other)

Address 204 Huron Bldg. - K.C.K. Date signed 18 July 46

136

(Licensed Embalmer's Statement on Reverse Side)

AUG 30 1946

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 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.