

S. No. 2
M-8-43
v. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26992
Registrar's No. 3362

FILED AUG 19 1946

Registration District No. 127 Primary Registration District No. 1002

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

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 Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 Hours
In this community 10 Years
(Specify whether 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. 1510 East 31st Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Martin Aaron

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 Single

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

7. Birth date of deceased June 17 1932
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
14 1 17 hr. min.

9. Birthplace Brooklyn New York
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business _____

12. Name Charles Aaron

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

14. Maiden name Pauline Fashinder

15. Birthplace New York New York
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Aaron

(b) Address 1510 East 31st St., K. C., Mo.

17. (a) Burial (b) Date thereof 8-6-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheffield Cemetery

18. (a) Signature of funeral director J. P. Louis Funeral Home

(b) Address 3400 Woodland Ave., K. C., Mo.

19. (a) 8-5-46 (b) Thereldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4
year 1946 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from Aug 3
1946 to Aug 4 1946
that I last saw him alive on Aug 4 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Duration _____

Due to _____

Due to _____

Other conditions 36
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy None
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 M. L. Friedman (M. D. or other) _____
Address 1440 Professional Date signed Aug 5
Blair

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. C. * Legan*
Licensed Embalmer No..... *3979*
P. O. Address..... *H C M*

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.