

FILED AUG 19 1946

Registration District No.

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 Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 12 Hours
 (Specify whether
 In this community 10 Years
 years, months or days)

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)

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 _____

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
 19 46 to Aug 4 19 46
 that I last saw him alive on Aug 4 19 46
 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?

While at work? _____ (Specify type of place)
 (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. A. * 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.