

No. 2  
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17-39  
X4700

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30324

State File No.

FILED OCT 8 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4031

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: General Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 Minutes  
(Specify whether years, months or days) 37 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2800 Independence 9  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No) 1  
If yes, name country.

3. (a) PRINT FULL NAME Heimie Lapin

3. (b) If veteran, name war No WORLD WAR I 3. (c) Social Security No. 496-01-0010

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife Ann Lapin 6. (c) Age of husband or wife if alive 45 years  
7. Birth date of deceased unknown  
(Month) (Day) (Year)

8. AGE: Years 50 Months Days If less than one day hr. min.

9. Birthplace Russia 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Buyer

11. Industry or business Lloyd's Silk & Fabric Shop

MOTHER FATHER { 12. Name Unknown 7  
13. Birthplace Unknown 7  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Ann Lapin

(b) Address 2800 Independence, K. C., Mo.

17. (a) Burial (b) Date thereof 9-24-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheffield Cemetery

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

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

19. (a) 9-24-46 (b) Sheldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 22  
year 1946 hour 12:00 minute P M.

21. I hereby certify that I attended the deceased from  
Pavon 19 to 19  
that I last saw him alive on 19  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Skull Fracture  
Due to Fracture left leg

Due to  
Other conditions auto + pedestrian  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 1700-8  
Of autopsy no 5-1  
History + present

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 123

(b) Date of occurrence 9-22-46

(c) Where did injury occur? 100, 100th mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public place

While at work? no (Specify type of place) (e) Means of injury automobile

23. Signature James W. Holmes (M. D. or other) 3  
Address 1424 2nd St. Date signed 9-23-46

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

**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. 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.**