No. 2
12-45
17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37225

FILED NOV 20 1946

Registration District No. 49 Primary Registration District No. 1002 Registrar's No. 1575

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~~ 2 days (Specify whether
In this community 13 YEARS 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. 722 WARD PARKWAY
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

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3. (a) PRINT FULL NAME: WILLIAM WALDMAN SR.
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: MARRIED
6. (b) Name of husband or wife: MRS. SOPHIA WALDMAN
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased: AUGUST (Month) 15 (Day) 1887 (Year)

8. AGE: Years 59 Months 2 Days 22 If less than one day hr. min.

9. Birthplace: LINCOLN (City, town, or county) NEBRASKA (State or foreign country)
10. Usual occupation: MERCHANT-OWNER
11. Industry or business: CLOTHING - JAY'S
FATHER 12. Name: JACOB WALDMAN
FATHER 13. Birthplace: RUSSIA (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: SARAH YANOW
MOTHER 15. Birthplace: RUSSIA (City, town, or county) (State or foreign country)
16. (a) Informant: MRS. SOPHIA WALDMAN
(b) Address: 722 WARD PARKWAY
17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof: NOV-10-1946 (Month) (Day) (Year)
(c) Place: ~~burial or cremation~~ D.W. NEWCOMERS SONS
18. (a) Signature of funeral director: D.W. Newcomer's Sons
(b) Address: 1401 BRUSH CREEK BLVD.
19. (a) 11-9-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 7th year 1946 hour 5 minute 40 P. M.
21. I hereby certify that I attended the deceased from OCT 28 1946 to NOV 7 1946 that I last saw him alive on NOV 7 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Edema Sudden — Duration
Due to: Hypertensive heart disease — 6 mos.
Due to: — 0 & 80
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy: 93d

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: Allan Lucas (M.D. or other)
Address: 4420 Grand Date signed 11-8-46

(Licensed Embalmer's Statement on Reverse Side)

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

36041

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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 Bernard L Horn

Licensed Embalmer No. 4250

P. O. Address K C Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.