

S. No. 2
DM-5-43
v. 5-17-39
I X38671

FILED JAN 27 1947
Registration District No. **799**

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:
1215 Armour
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether years, months or days)

In this community over 40 years

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. 1215 Armour
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Solomon (Sol) Berkson

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Mrs. Ann Berkson

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased June 7 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>27</u>	<u>5</u>	hr. min.

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

10. Usual occupation Merchant

11. Industry or business X

MOTHER, FATHER

12. Name Simon Berkson

12. Birthplace Germany (City, town, or county) (State or foreign country)

13. Maiden name unknown

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

16. Informant Mrs. Ann Berkson,

Address 1215 Armour, Kansas City, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-16-47 (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 1-16-47 (Date received local registrar)

(b) Seraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 13 year 1947 hour 7:20 minute P. M.

21. I hereby certify that I attended the deceased from Jan. 20 to Jan 13 1947

that I last saw him alive on Jan 13 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis - Coronary Sclerosis - arterio. Sclerosis

Duration 10 yrs.

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: 932

Of operations.....

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).....

(c) Means of injury D

23. Signature Abraham Sophia (M. D. or other).....

Address 1405 Bryant Bldg. Date signed Jan 17 1947

Dr. A. Sophian

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..... *Robert H Reed*

Licensed Embalmer No. *3745*

P. O. Address..... *11c 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.

Weather

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of *Missouri*
County of *Jackson* } ss.

State File No. _____
Local Registrar's No. *199*

AFFIDAVIT FOR CORRECTION OF A RECORD

On this *2nd* day of *February*, 194*7*, before me appears _____

Anna Berkson, who, upon *her* oath, states that the original record of ~~birth~~ death for *Solomon (Sol) Berkson* who died *Jan'y. 13, 1947* in the State of Missouri, ~~and~~ ^{born} which was filed at *Kansas City, Mo.* on *Jan'y, 1947*, should be corrected as follows:

Item No. *3* should read *Solomon (Sol) Berkson*
Instead of *Solomon Berkson*

Item No. *6* should read *Anna Berkson*
Instead of *Ann Berkson*

Item No. *7* should read *June 8, 1870* *76 - 7 - 5*
Instead of *June 7, 1870* *76 - 7 - 6*

Item No. *16* should read *Anna Berkson*
Instead of *Ann Berkson*

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of *I, said Anna Berkson, am*

Item No. _____ should read *the wife (widow) of deceased*
Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant *Anna Berkson* Relationship, _____
1215 E. Armon
Kansas City, Mo.
Present Address.

Subscribed and sworn to before me this *2nd* day of *February* 194*7*, 194*7*

My Commission expires *Jan'y 16, 1949.* *Grant S. Roranzweig* Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

$$\begin{array}{r} 14 \\ 8 \\ \hline 5 \end{array}$$

S-975