

No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8908
Registrar's No. 1408

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution Menorah Hosp.
(d) Length of stay: In hospital or institution 3 days
In this community 26 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(d) Street No. 2225 E. 69th
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME EDWARD L. BITNER
3. (b) If veteran name war 0
3. (c) Social Security No. None
4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Louise
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 24, 1874

8. AGE: Years 72 Months 8 Days 0

9. Birthplace Poland

10. Usual occupation Shoe Cobbler

11. Industry or business Retired

MOTHER FATHER

12. Name Berl Bitner
13. Birthplace Poland
14. Maiden name Fryma
15. Birthplace Poland

16. (a) Informant Mrs. Jack Lerner
(b) Address 2225 E 69th

17. (a) Burial (b) Date thereof 3/25/48
(c) Place: burial or cremation Mt. Carmel

18. (a) Signature of funeral director J.P. Louis
(b) Address 3400 Woodland Ave, Kansas City, Mo.

19. (a) 3-26-47 (b) Signature of Registrar

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 24 year 1947 hour 1 minute 15 PM
21. I hereby certify that I attended the deceased from March 21 47 to March 24 47 that I last saw him alive on March 23 47 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Coronary occlusion
Due to: 3 days

Other conditions: gya
Major findings: Of operations

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

23. Signature: Allardine Holmes
Address: 420 Gray Blk Date signed: 3-24-47

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.....

Guy Buffington

Licensed Embalmer No.....

2756

P. O. Address.....

K. C. New

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.