

S. No. 2
-12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 28 1947
Registration District No. 199

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13513

State File No. _____

Primary Registration District No. 1002

Registrar's No. 1209

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:
5963 Paseo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 years
In this community _____
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. 5963 Paseo
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ABRAHAM KATZ
(b) If veteran, name war X no
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 13th
year 1947 hour 6 minute 20 P.M.
21. I hereby certify that I attended the deceased from Dec 1st
1946 to April 13th 1947
that I last saw him alive on April 13th 1947
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Lizzie Katz
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased unknown
(Month) (Day) (Year)

Immediate cause of death Myocardial Decomposition
Chronic Myocarditis 3 mo
Due to Hypertension
Chronic nephritis
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years 76 Months _____ Days _____
If less than one day _____ hr. _____ min.
9. Birthplace _____ Russia
(City, town, or county) (State or foreign country)
Merchant
10. Usual occupation _____

Major findings: _____
Of operations 3/a
Of autopsy _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____
12. Name Isaac David Katz
13. Birthplace Russia
(City, town, or county) (State or foreign country)
14. Maiden name Revka (Unknown)
15. Birthplace Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Ike Katz
(b) Address 4825 Jarboe, Kansas City, Mo.
17. (a) Burial (b) Date thereof 4/16/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Blue Ridge Cem
J.P. Louis's Funeral Home
18. (a) Signature of funeral director _____
(b) Address 3400 Woodland Ave., Kansas City, Mo.
19. (a) 4-15-47 (b) Thaldine Holmes
(Date received local registrar) (Registrar's signature)

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 Joseph E. Nelson (M. D. or other) W. D.
Address 1019 Reuther Bldg Date signed 4-13-47

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

MAY 13 1949

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. E. No*

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.