

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 20 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17380

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1087

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 Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
In this community 39 yrs  
years, months or days (Specify whether)

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. 6701 Rockwell Rd.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Louis Dolgenow

3. (b) If veteran, name war No  
3. (c) Social Security No. none

4. Sex Male  
5. Color or race Wh  
6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife Rose  
6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec 10 1877  
(Month) (Day) (Year)

8. AGE: Years 69 Months 4 Days 24  
If less than one day hr. min.

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

10. Usual occupation Retail Merchant

11. Industry or business Meat Market

12. Name Wm Dolgenow

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

14. Maiden name Sarah  
15. Birthplace Russia In  
(City, town, or county) (State or foreign country)

16. (c) Informant Harry Dalen

(b) Address K.C. Mo.

17. (a) Burial (b) Date thereof 5-4-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Cem.

18. (a) Signature of funeral director J.P. Phouis Funeral Home

(b) Address K.C. Mo.

19. (a) 5-4-47 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4th -  
year 1947 hour 4:30 minute a. M.

21. I hereby certify that I attended the deceased from April 9 1947 to May 4 1947  
that I last saw him alive on May 3 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Disssecting Aneurysm of the Abdominal Aorta  
Due to Atherosclerosis 1 year  
Duration 4 days

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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

Signature Graham A. (M. D. or other) M.D.  
Address 1220 Pufferman Alley Date signed 5-4-47

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.....

Licensed Embalmer No. *3110*

P. O. Address. *K. 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:**