

U. S. No. 2
DOM-5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 30 1947
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21030
Registrar's No. 2653

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town K.C.
(c) Name of hospital or institution: Memorial Hosp O.
(d) Length of stay: In hospital or institution 18 days
In this community 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Jackson 48
(c) City or town K.C. 3
(d) Street No. 1318 Admiral Blvd. 8
(e) Citizen of foreign country? NO (Yes or No)

3. (a) PRINT FULL NAME Elias Kipnis
3. (b) If veteran, name war NO
3. (c) Social Security No. unknown
4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Rutha F Kipnis
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June 18 day 18 year 47 hour 3 minute P M.
21. I hereby certify that I attended the deceased from May 31 1947 to June 18 1947
that I last saw him alive on June 18 1947 and that death occurred on the date and hour stated above.
Immediate cause of death: Canceroma of the lung
Duration 1 1/2 years

8. AGE: Years 60 Months 7 Days 4
9. Birthplace Russia
10. Usual occupation Fireman Baker
11. Industry or business
12. Name unknown 9
13. Birthplace unknown
14. Maiden name unknown
15. Birthplace unknown 9
16. (a) Informant Elias Kipnis
(b) Address 1318 Admiral Blvd.
17. (a) Burial (b) Date thereof 6-20-47
(c) Place: burial or cremation Sheffield Cem
18. (a) Signature of funeral director
(b) Address
19. (a) Date received local registrar 6-19-47
(b) Registrar's signature Steadline Holmes

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy
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?
While at work? (Specify type of place)
23. Signature M. W. Friedman (M. D. or other) M.D.
Address 314 Arapahoe Bldg Date signed June 19 1947

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

MOTHER FATHER

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.....

Francis Walton....., Registered Apprentice No. *2722*
working under my personal supervision.

Signed *J. D. Piquin*.....

Licensed Embalmer No. *2722*

P. O. Address *R. 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.