No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 26 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27561

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3419

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 1/2 weeks (Specify whether
In this community 45 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson 48
(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3
(d) Street No. 3320 Agnes (If rural, give location) 8
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Casle Agron
3. (b) If veteran, name war W. W I
3. (c) Social Security No. none
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sue
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased June 5 (Month) ~~1889~~ 1893 (Day) (Year)

8. AGE: Years 54 ~~58~~ Months 2 ~~2~~ 1 Days 5 ~~6~~ 29 If less than one day hr. min.

9. Birthplace ~~Warsaw~~ (City, town, or county) ~~Poland~~ Russia (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER
12. Name Sam Agron 6
13. Birthplace (City, town, or county) Russia (State or foreign country)
MOTHER
14. Maiden name Shima Kavipsky
15. Birthplace (City, town, or county) Russia (State or foreign country) 6
16. (a) Informant Sue Agron
(b) Address 3320 Agnes, K.C. Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/11/47 (Month) (Day) (Year)
(c) Place: burial or cremation Blue Ridge
18. (a) Signature of funeral director Louis Funeral Home
(b) Address 3400 Woodland, K.C. Mo
19. (a) 8-11-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION August 10, 1947

20. DATE OF DEATH: Month ~~VIII/10/47~~ day
year hour ~~minute~~ M.

21. I hereby certify that I attended the deceased from 11/4/47 19 ; that I last saw him alive on VIII/10/47 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Metastasis of Ca ~~ventric~~ stomach

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 46b

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature [signature] (M. D. ~~or other~~)
Address 1310 BRYANT BLDG Date signed 8-11-47

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

Item 20 Corrected by affidavit of informant 7-23-59 [illegible]

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

SEP 2 1940

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. 2754

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.

The Division of Health of Missouri
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Jackson

State File No. 27561-49

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 3419

On this 22 day of June, 1959, before me appears Sue T. Agron, who, upon her oath, states that the original record of ~~birth~~ Died ~~death~~ for Casle Agron ~~born~~ died Aug. 4, 1947, in the State of Missouri, and which was filed at ~~Jefferson~~ Kansas City, Missouri on 8-11-47, 19..., should be corrected as follows:

Item No. 20 should read August 10, 1947
Instead of August 4, 1947

Item No. ... should read ...
Instead of ...

Item No. ... should read verif. by hospital records
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

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

(SEAL)

Affiant Sue T. Agron Wife
Relationship.
3320 Agnes K. C. Mo.
Present Address.

Subscribed and sworn to before me this 22 day of June, 1959

My Commission expires August 24, 1960 Bessie W. Smith Notary Public.

2. An item already amended once by affidavit cannot be amended again by affidavit.
3. A surname is changed by court order or by adoption or legitimation procedures.

S. 460

S-29561