No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27785

FILED AUG 26 1947

Registration District No. 449

Primary Registration District No. 1002

Registrar's No. 3432

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: 4022 Michigan
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 34 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 4022 Michigan 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Herman Lieberman
3. (b) If veteran, name war — no
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 Fella
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years 59 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Warsaw (City, town, or county) Poland (State or foreign country)
10. Usual occupation Furnier
11. Industry or business
FATHER
12. Name Israel Lieberman
13. Birthplace (City, town, or county) Poland (State or foreign country)
MOTHER
14. Maiden name Rose Shniterman
15. Birthplace (City, town, or county) Poland (State or foreign country)
16. (a) Informant Fella Lieberman
(b) Address 4022 Michigan, K.C. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/11/47 (Month) (Day) (Year)
(c) Place: burial or cremation Sheffield
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

20. DATE OF DEATH: Month VIII/10/47 day ..... year ..... hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from V/8/46 ..... 19 ..... to 8/10 1947
that I last saw him alive on VIII/7/47 ..... 19 .....;
and that death occurred on the date and hour stated above.

Immediate cause of death coronary occlusion
Due to Hardening of arteries
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

94a

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 ( )
23. Signature G. R. Whitmann (M.D. or other)
Address 1310 BRYANT BLDG. Date signed 8-11-47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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. 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.