No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 23 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31099

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 3818

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

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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1½ HOURS (Specify whether
In this community unknown.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 4424 BENTON 8
(If rural, give location) 0

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ABRAHAM BIALSKY

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 ~~EVA~~ Rebecca

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

7. Birth date of deceased unknown.
(Month) (Day) (Year)

8. AGE: 63 Years | Months | Days | If less than one day hr. min.

app 65

9. Birthplace — (City, town, or county) RUSSIA 1 (State or foreign country)

10. Usual occupation MERCHANT

11. Industry or business STORE PICTURES

12. Name NOT KNOWN 9

13. Birthplace NOT KNOWN 1
(City, town, or county) (State or foreign country)

14. Maiden name NOT KNOWN 0

15. Birthplace NOT KNOWN 1
(City, town, or county) (State or foreign country)

16. (a) Informant SAM MOGEL

(b) Address 4424 BENTON

17. (a) BURIAL (b) Date thereof 9-8-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SHEFFIELD CEM.

18. (a) Signature of funeral director J. PLOUIS FUNERAL HOME

(b) Address 3400 WOODLAND, K.C. MO

19. (a) 9-8-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MOTHER FATHER

Can be left 11-20-47

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6
year 1947 hour 6 minute 05P M.

21. I hereby certify that I attended the deceased from Jan 1945, 19 , to June 1947
that I last saw him alive on June 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Heart Disease	6 mths
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 94 W	
Of autopsy	

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? 0
(Specify type of place)

While at work? (e) Means of injury

23. Signature Paul Moss (M. D. ~~or other~~) M.D.

Address 1112 Bryant Bld Date signed 9/7/47

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.....G. L. Lewis.....

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo } ss.
County of Jackson

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 3818-47

On this 7 day of October, 1947, before me appears Sam Mogel, who, upon his oath, states that the original record of ~~birth~~ death for Abraham Bialsky, died ~~born~~ Sept 6, 1947, in the State of Missouri, and which was filed at K.C. Mo on 9-8-47, 19..., should be corrected as follows:

Item No. 6 should read Rebecca

Instead of Esa

Item No. 8 should read 63

Instead of 65

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 ...

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 Sam Mogel

Relationship. Foster Son & Nephew

Present Address 4424 Benton Blvd

Subscribed and sworn to before me this 7 day of October, 1947.

My Commission expires Oct. 21. 1951

Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

rm V. S. 135
50M—8-43
I X37817

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