

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **38484**
Registrar's No. **4999**

National Office of Vital Statistics
FILED DEC 9 1947/49
Registration District No. **1002**

Primary Registration District No. **1002**

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 **5 days** (Specify whether years, months or days)

In this community **35 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Kansas City, Missouri**
(If outside city or town limits, write "RURAL")

(d) Street No. **3901 Flora**
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME **TARRY VILINSKY**

3. (b) If veteran, name war **-- no** 3. (c) Social Security No. **more**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Rose** 6. (c) Age of husband or wife if alive **67** years

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

8. AGE:

Years	Months	Days	If less than one day
62			1 hr. 6 min.

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

10. Usual occupation: **Merchant**

11. Industry or business:

12. Name: **unknown**

13. Birthplace: **unknown**
(City, town, or county) (State or foreign country)

14. Maiden name: **unknown**

15. Birthplace: **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Rose Vilinsky**
(b) Address: **3401 Flora**

17. (a) burial (b) Date thereof **11-30-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sheffield**

18. (a) Signature of funeral director: **J. P. Louis Funeral Home**
(b) Address: **3400 Woodland Ave. K. C. Mo.**

19. (a) 11-28-47 (b) **Steraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **28** year **1947** hour **4** minute **30** A.M.

21. I hereby certify that I attended the deceased from **Nov 15** 19**47** to **Nov 28** 19**47**
that I last saw him alive on **Nov 27** 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Congestive heart failure**

Duration **3 weeks**

Due to **arterio sclerotic heart disease**

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: **938**
Of operations.....

Of autopsy.....

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)

23. Signature: **Walter P. Smith** (M. D. or other) **M.D.**
Address: **720 Bryant Bldg** Date signed **11/28/47**

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.....

P. O. Address.....

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.