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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41758

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 5520

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 516 Grand (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 30 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kans. (b) County Wyandotte 999
(c) City or town Kansas City (If outside city or town limits, write "RURAL") 14
(d) Street No. 20 North James (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Harry Kolodny
3. (b) If veteran, name war no x
3. (c) Social Security No. none
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years 68 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace (City, town, or county) Russia (State or foreign country)
10. Usual occupation Merchant
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace (City, town, or county) " (State or foreign country) 9
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) " (State or foreign country) 9
16. (a) Informant Mrs. Mary Kolodny
(b) Address 20 North James, K.C., K.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/47 (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., Kansas City, Mo.
19. (a) 12-31-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30
year 1947 hour 12:30 P.M.
21. I hereby certify that I attended the deceased from April 22, 1946, to December 24, 1947; that I last saw him alive on Dec. 24, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial infarction	20 months
Due to: Coronary Occlusion	
Due to:	
Other conditions: Diabetes Mellitus (Include pregnancy within 3 months of death)	1 yr.

Major findings:
Of operations —
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? — (Specify type of place)
While at work — (e) Means of injury — 0

23. Signature Max Allen (M. D. ~~or other~~)
Address Univ. of Kans. Hosp. Date signed 31 Dec. 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 Dixon L. Pepley

Licensed Embalmer No. L 4225

P. O. Address Independence 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.