S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 20 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1325

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 27

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 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks (Specify whether
In this community 36 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3
(d) Street No. 2850 Troost (Appleman Home) (If rural, give location) 8
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Max Silverstein (Silberstein)
3. (b) If veteran, name war no x
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Esther
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased ~~unknown~~ (Month) Sept 15, 1879 (Day) (Year)

8. AGE: Years 68 Months 3 Days ~~15~~ 16 If less than one day hr. min.

9. Birthplace (City, town, or county) Poland (State or foreign country) 4
10. Usual occupation Merchant
11. Industry or business
FATHER
12. Name Sam Leon Silverstein
13. Birthplace (City, town, or county) Poland (State or foreign country) 4
MOTHER
14. Maiden name Mary (unknown)
15. Birthplace (City, town, or county) Poland (State or foreign country) 4
16. (a) Informant Sam Silverstein
(b) Address 3751 Wayne, K.C. Mo
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-2-48 (Month) (Day) (Year)
(c) Place: burial or cremation Sheffield
18. (a) Signature of funeral director J. P. Louis
(b) Address 3400 Woodland Ave. K. C. Mo.
19. (a) 1-3-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1st year 1948 hour 5:00 minute P. M.
21. I hereby certify that I attended the deceased from Jan 1 (1 time) 1948 to Jan 1 1948 that I last saw him alive on Jan 1 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease — Duration several months
Due to General and Arteriosclerosis — many years
Due to
Other conditions Chronic Bronchiectasis (Include pregnancy within 3 months of death) — many years

Major findings:
Of operations 93 D.
Of autopsy Arteriosclerotic Heart Dis General and Arteriosclerosis Bronchiectasis

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) 0
While at work? (e) Means of injury
23. Signature Mike W. Way (M. D. or other) MD
Address 206 Argyle Bldg Kansas City, Mo Date signed Jan 3-48

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 Harold L. Eckternacht

Licensed Embalmer No. 3035

P. O. Address Lawrence, Kansas.

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.