S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 5108
825

FILED MAR 13 1948

Registration District No. 7/9

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: K. C. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Menorah Hosp (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 hours (Specify whether years, months or days)
In this community: 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Jackson
(c) City or town: K. C. (If outside city or town limits, write "RURAL")
(d) Street No.: MUELBACH Muelbach Hotel (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: MEYER TAXMAN
3. (b) If veteran, name war: No
3. (c) Social Security No.: 455-09-3526
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widower
6. (b) Name of husband or wife: Mary Taxman
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Oct (Month) 5 (Day) 1881 (Year)

8. AGE: Years 66 Months 4 Days 17 If less than one day hr. min.
9. Birthplace: Russia (City, town, or county) (State or foreign country)
10. Usual occupation: Retired
11. Industry or business: Oil
MOTHER FATHER
12. Name: Mary Taxman
13. Birthplace: Russia (City, town, or county) (State or foreign country)
14. Maiden name: Belle Baker
15. Birthplace: Russia (City, town, or county) (State or foreign country)
16. (a) Informant: E. Taxman
(b) Address: 235 Ward Pkwy.
17. (a) Entombment (Burial, cremation, or removal) (b) Date thereof: 2/23/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Rose Hill Cem
18. (a) Signature of funeral director: Carroll-Davidson
(b) Address: 3024 Troost
19. (a) 2-13-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22 year 1948 hour 3 minute 50 A.M.
21. I hereby certify that I attended the deceased from Feb 2, 1949 to Feb 22, 1948 that I last saw him alive on Feb 22, 1948 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Coronary occlusion | 12 hrs |
| w paroxysmal tachycardia | |
| Due to: Coronary occlusion | |
| Due to: Cardiac infarction / Angina pectoris | 9 yrs |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations:
Of autopsy: Yes

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
(f) Signature Allorro Tuber (M. D. or other)
Address 4 Ls Prof Bldg Date signed 2-22-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

## 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 Julian K. Davidson

Licensed Embalmer No. 1168

P. O. Address 156 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.