S. No. 2
H—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 25 1948

Registration District No. 1949

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 5143
Registrar's No. 381

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: 525 E. Armour
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Jackson 48
(c) City or town: Kansas City (If outside city or town limits, write "RURAL") 3
(d) Street No.: 525 E. Armour (If rural, give location) 8
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: Joseph S. Weinstock
3. (b) If veteran, name war: WW I
3. (c) Social Security No.: X
4. Sex: M 0
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Margaret
6. (c) Age of husband or wife if alive: 48 years
7. Birth date of deceased: Aug. 22, 1890 (Month) (Day) (Year)
8. AGE: Years 57 Months 5 Days ~~17~~ 15 If less than one day hr. min.
9. Birthplace: Poland (City, town, or county) (State or foreign country)
10. Usual occupation: Mfg.
11. Industry or business:
MOTHER FATHER
12. Name: Noftoli Weinstock
13. Birthplace: Poland (City, town, or county) (State or foreign country)
14. Maiden name: Chaya Brandel
15. Birthplace: Poland (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Margaret Weinstock
(b) Address: Kansas City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/8/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Carmel
18. (a) Signature of funeral director: J. P. Louis Funeral Home
(b) Address: Kansas City, Mo.
19. (a) 2-9-48 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 7th year 1948 hour 8 minute 50 A.M.
21. I hereby certify that I attended the deceased from Chron. 47 2/7 1948 to that I last saw him alive on 2/6 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia	3-4 days
terminal	
Due to Cerebral ~~Hemorrhage~~ thrombosis	3 mos
Due to Coronary thrombosis	4 mos
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 94 ov
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
While at work (Specify type of place) (e) Means of injury:
23. Signature: Wally Pearson (M. D. or other) Acts
Address: 720 Brush Bldg Date signed 2/7/48

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 P. 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.