

Registration District No. 42

Primary Registration District No. 1000

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

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
720 S. 10th Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution not
(Specify whether)
 In this community 56 years.
years, months or days

3. (a) PRINT FULL NAME Anna Kaplan
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White
 6. (a) Single, widowed, married, divorced Widow 2
 6. (b) Name of husband or wife Barnard Kaplan
 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased September 1, 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>70</u>	<u>6</u>	<u>14</u>		hr. _____ min.

9. Birthplace Unknown Russia 6
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

MOTHER, FATHER
 { 12. Name Morris Davis
 { 13. Birthplace Unknown Russia 6
(City, town, or county) (State or foreign country)
 { 14. Maiden name Unknown
 { 15. Birthplace Unknown Unknown 6
(City, town, or county) (State or foreign country)

16. (a) Informant Herman Kaplan

(b) Address 2516 Jules St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof Mar. 17, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shaare Sholem

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 3-22-48 (b) H. B. Jenkins?
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan ✓
 (c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
 (d) Street No. 720 S. 10th Street
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th
 year 1948 hour 11 minute 00 P.A.M.

21. I hereby certify that I attended the deceased from
Feb 1946 to March 15, 1948
 that I last saw her alive on March 12, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Thrombosis
 Duration 10 min

Due to Hypertensive Heart Disease

Due to _____

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

Major findings:
 Of operations 93P
 Of autopsy _____
PHYSICIAN
 Underline the cause to 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?

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature Irvin Lovett M.D. (M. D. or other)
 Address St. Joseph Mo Date signed 3/14/48

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..... *Albert E. Harrington*
Licensed Embalmer No. *3258* *Missouri*
P. O. Address..... *St. Joseph, 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.