S. No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8961
Registrar's No. 1099

FILED MAR 20 1948
Registration District No. 4/9
Primary Registration District No. 1002

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: ST. MARY'S HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 11 DAYS (Specify whether years, months or days)
In this community: 67 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: JACKSON
(c) City or town: KANSAS CITY (If outside city or town limits, write "RURAL")
(d) Street No.: 1216 BROADWAY (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: JOHN WEINBERG
3. (b) If veteran, name war: NO
3. (c) Social Security No.: 486-09-2573
4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: ALBERT REED WEINBERG
6. (c) Age of husband or wife if alive: 48 years
7. Birth date of deceased: SEPTEMBER (Month) 26 (Day) 1877 (Year)
8. AGE: Years 70 Months 5 Days 13 If less than one day: hr. min.
9. Birthplace: CHICAGO (City, town, or county) ILLINOIS (State or foreign country)
10. Usual occupation: SALESMAN
11. Industry or business: NILES & MOSER CIGAR CO.
MOTHER FATHER
12. Name: CHARLES WEINBERG
13. Birthplace: NEW YORK CITY (City, town, or county) NEW YORK (State or foreign country)
14. Maiden name: AMELIA STINKLE
15. Birthplace: UNKNOWN (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant: Mrs. John Weinberg
(b) Address: Commonwealth Hotel
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: MAR-10-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: MT. MORIAH CEMETERY
18. (a) Signature of funeral director: O. N. Newcomer's Sons
(b) Address: 1401 - BROSH CREEK BLVD
19. (a) 3-10-48 (Date received by local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 9TH year 1948 hour 1:35 minute A. M.
21. I hereby certify that I attended the deceased from Jan 17 1948 to March 9 1948 that I last saw him alive on March 8 1948 and that death occurred on the date and hour stated above.
Immediate cause of death: Chronic myocarditis
Coronary artery disease
Chronic nephritis.
Due to: Diabetes mellitus
Due to:
Other conditions: (Include pregnancy within 3 months of death)
Major findings:
Of operations: 0
Of autopsy: 0
Duration

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): 0
(b) Date of occurrence: 0
(c) Where did injury occur? 0 (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0 (Specify type of place)
While at work? (e) Means of injury: 0
23. Signature: D. W. McCue (M. D. or coroner)
Address: 00 Linwood Blvd Date signed: 3-9-48

(Licensed Embalmer's Statement on Reverse Side)

800 Wiggle Bldg.

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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Kansas City, 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.