S. No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 8 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11446

Registration District No. 16 | Primary Registration District No. 5075 | Registrar's No.

1. PLACE OF DEATH:
(a) County: Barton
(b) City or town: Golden City rural Golden (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Twp (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

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Barton 6
(c) City or town: Golden City Rural (If outside city or town limits, write "RURAL")
(d) Street No.: ½ mi. N. Golden City (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: KENNETH LEE WEINSTEIN
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: MALE
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: April 21 1948 (Month) (Day) (Year)
8. AGE: Years | Months | Days: 8 | If less than one day hr. min.
9. Birthplace: Lamar (City, town, or county) Mo. (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name: Chas. WEINSTEIN
13. Birthplace: Dade Co. (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name: Loretta Mae Acuff
15. Birthplace: Polk Co. (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Chas. Weinstein
(b) Address: Golden City, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Apr. 29, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: I.O.O.F. Cem. Golden City, Mo
18. (a) Signature of funeral director: Phillips Funeral Home
(b) Address: Golden City, Mo.
19. (a) 4-29-1948 (Date received local registrar) (b) Hazel M. Pugh (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: April day: 29 year: 1948 hour: 5 minute: A.M.
21. I hereby certify that I attended the deceased from April 21, 1948, to April 28, 1948; that I last saw him alive on April 28, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Esophageal Defect Congenital (Caused Pneumothorax) — Duration: 7 days
Due to:
Due to: Hypoplasia Facies Club Foot (Equinus Varus)
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations: M
Of autopsy: 157

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)
While at work (Specify type of place) (e) Means of injury: 0
23. Signature: Leon T. Bickel (M. D. or other) M.D.
Address: Lamar, Mo. Date signed: 4/29/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 548-563
Date Filed MAY 6 1948

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 Not Embalmed, Registered Apprentice No.....,
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.