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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19548**  
Registar's No. **2497**

FILED JUN 26 1948

Registration District No. **149**

Primary Registration District No. **1602**

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Kansas City 4 mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Memorial**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **6-8-48 to 6-13-48**  
(Specify whether years, months or days) **45 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. **3519 Chestnut**  
(If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country

48  
380

3. (a) PRINT FULL NAME

**Abraham Kind**

3. (b) If veteran, name war **XX**

3. (c) Social Security No. **XX**

4. Sex **M.**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Lena**

6. (c) Age of husband or wife if alive **66 years**

7. Birth date of deceased **June 15, 1874**  
(Month) (Day) (Year)

8. AGE: Years **76** Months **7** Days **28** If less than one day hr. min.

9. Birthplace **Odessa, Russia**  
(City, town, or county) (State or foreign country)  
**Retired Grocer**

MOTHER FATHER

11. Industry or business **XX**

12. Name **Nochim Kindl**

13. Birthplace **Russia**  
(City, town, or county) (State or foreign country)

14. Maiden name **UNKNOWN**

15. Birthplace **UNKNOWN**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Lena Kind**

(b) Address **3519 Chestnut**

17. (a) **Burial** (b) Date thereof **6-15-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sheffield**

18. (a) Signature of funeral director **J. P. Louis Funeral Home**

(b) Address **3400 Woodland Ave., K. C. Mo.**

19. (a) **6-14-48** (b) **Steraldine Holmes**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **13**  
year **1948** hour **3** minute **50** A.M.

21. I hereby certify that I attended the deceased from **May 1948** to **June 13 1948**  
that I last saw him alive on **June 12 1948**  
and that death occurred on the date and hour stated above.

Immediate cause of death

**Cardiac Respiratory Failure -**  
Due to **Cerebral embolus vessel 5.6 Yrs**

Due to **Generalized arteriosclerosis 50 Yrs**

Other conditions **Drained to dehydration**  
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **830**

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 **[Signature]** (M. D. or other) **MD**  
Address **[Address]** Date signed **6-13-48**

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

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**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 A J Louis  
Licensed Embalmer No. 3110  
P. O. Address KE 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.**