FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 26 1948
Registration District No. 949

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26314
Registrar's No. 3210

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 Trinity Luthern
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 weeks (Specify whether
In this community 5 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Allen 999
(c) City or town Iola 14
(If outside city or town limits, write "RURAL") 0
(d) Street No. 702 East Jackson 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Leon Gelphman
3. (b) If veteran, name war World War I
3. (c) Social Security No. none
4. Sex Male 0
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Kathleen Gelphman
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased May (Month) 15th (Day) 1894 (Year)

8. AGE: Years	Months	Days	If less than one day
54	2	22	hr. min.

9. Birthplace Kiev (City, town, or county) Russia (State or foreign country) 6
10. Usual occupation Coal Merchant
11. Industry or business
FATHER
12. Name Barney Gelphman 6
13. Birthplace (City, town, or county) Russia (State or foreign country)
MOTHER
14. Maiden name Unknown 6
15. Birthplace (City, town, or county) Russia (State or foreign country)
16. (a) Informant E. Peltzman
(b) Address 4133 So. Benton
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/8/48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Carmel Cem
18. (a) Signature of funeral director Carroll-Davidson
(b) Address 3024 Troost av.
19. (a) 8-7-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 7th day August
year 1948 hour 2 minute 05 A.M.
21. I hereby certify that I attended the deceased from ..... 19.....;
that I last saw him alive on ..... 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death acute cardiac dilatation.
Due to Mesenteric Thrombosis.
Due to Carcinoma of the Pancreas.
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 46 g
Of autopsy above.

Duration

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Jack Hill (M. D. or other) M.D.
Address Trinity Luthern Hosp. Date signed 7 Aug 48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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

SEP 15 1948

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 ..... Registered Apprentice No. ..... working under my personal supervision.

Signed Kathryn E. Davidson

Licensed Embalmer No. 3647

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.