. No. 300
1—10-47
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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. 29818

Registration District No. FILED SEP 25 1948 49

Primary Registration District No. 1002

Registrar's No. 3825

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: General Hospital No. 1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days (Specify whether years, months or days)
In this community 9 YEARS

2. USUAL RESIDENCE OF DECEASED: 48
(a) State: Missouri (b) County: Jackson 3
(c) City or town: Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No.: 4104 Holmes 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Simon Isaak
3. (b) If veteran, name war: no
3. (c) Social Security No.: none

4. Sex: MALE 0
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED 1
6. (b) Name of husband or wife: ROSA
6. (c) Age of husband or wife if alive: 72 years
7. Birth date of deceased: JUNE (Month) 25 (Day) 1872 (Year)

8. AGE: Years 76 Months 2 Days 22 If less than one day hr. min.

9. Birthplace: BETTENHAUSEN, GERMANY (City, town, or county) (State or foreign country)
10. Usual occupation: RETIRED
11. Industry or business:
FATHER
12. Name: HENRICH ISAAK 4
13. Birthplace: BETTENHAUSEN, GERMANY (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: OLGA ARON 4
15. Birthplace: BETTENHAUSEN GERMANY (City, town, or county) (State or foreign country)
16. (a) Informant: Hugo Isaak
(b) Address: 4104 HOLMES
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation: MT CARMEL
18. (a) Signature of funeral director: J. P. LOUIS FUNERAL HOME
(b) Address: 3400 WOODLAND AVE, K.C. MO.
19. (a) 9-18-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 17 year 1948 hour 6 minute 55 A. M.

21. I hereby certify that I attended the deceased from Sept. 3, 1948 to Sept. 17, 1948 that I last saw him alive on Sept. 17, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lymphosarcoma	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 55	

Major findings:
Of operations:
Of autopsy: See above

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature: Wm W. Hart (M. D. or other)
Address: Med. Dir. Gen'l Hosp. Date signed 9-17-48

(Licensed Embalmer's Statement on Reverse Side)

DEC 8 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 Geo. Buffington

Licensed Embalmer No. 1756

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.