

P. S. No. 2
00M-5-43
ev. 5-17-39
I X38871

FILED DEC 29 1948

Registration District No. **149**

Primary Registration District No. **1002**

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

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:
3617 Wyandotte
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community **50 years**
years, months or days

3. (a) PRINT FULL NAME **Jacob Pelofsky**

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

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

4. Sex **Male** 5. Color or race **White**

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

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

6. (c) Age of husband or wife if alive **59** years

7. Birth date of deceased **unknown 11-30-1883**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

65 **0** **6** hr. min.

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

10. Usual occupation **Retired grocer**

11. Industry or business **XXX**

12. Name **Joseph Pelofsky**

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

14. Maiden name **Mary (unknown)**

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

16. (a) Informant **Tillie Pelofsky**

(b) Address **3617 Wyandotte**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **12-8-48**
(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) **12-7-48** (Date received local registrar)

(b) **Beraldine Holmes** (Registrar's signature)

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. **3617 Wyandotte**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)

If yes, name country **XXXXXX**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **6th**
year **1948** hour **9** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **October 19th 1948** to **Dec 6th 1948**
that I last saw him alive on **Dec 6th 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis, acute**

Due to **Coronary sclerosis** 5 min

Due to **arterio sclerosis** 3-4 yrs

Other conditions **Asthma** 10 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations **930**

Of autopsy _____

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?
Walter P. Jacob While at work (Specify type of place) (M. D. or other)

Signature **Walter P. Jacob** Address **720 S. 1st St. N. Mo.** Date signed **12/7/48**

Jacobs W P.

420 Ruykley

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.....

Joseph M. McCarthy, Registered Apprentice No. *275*
working under my personal supervision.

Signed..... *Guy Suffrage*
Licensed Embalmer No. *2756*
P. O. Address..... *R. C. M. Co.*

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.