S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 29 1948

Registration District No. 749

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 40385

Registrar's No. 4952

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: Menorah Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12/1/48 to 12/2/48 (Specify whether In this community 37 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 3239 Mercington (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mr. Morris Tenenbaum

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Sarah Miriam

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased (Month) (Day) 1883 (Year)

8. AGE: Years 65 | Months | Days | If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Jacob Tenenbaum
13. Birthplace (City, town, or county) Poland (State or foreign country)

MOTHER
14. Maiden name Carrol (unknown)
15. Birthplace (City, town, or county) Poland (State or foreign country)

16. (a) Informant Isador Tenenbaum

(b) Address 404 East 70th Terr.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-3-48 (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) 12-3-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 2 year 48 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from Dec 1940, 19__, to Dec 2nd, 1948 that I last saw him alive on Dec 2nd, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	24 hrs
Third attack	
Due to Hypertension	8 yrs
Chronic Myocarditis	8 yrs
Due to Hemorrhagic Retinitis	
Other conditions Right Sided (Include pregnancy within 3 months of death)	
Paralysis due to previous Cerebral Hemorrhages	
Major findings Of operations —	
Of autopsy — 93 d	

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 —

23. Signature Joseph Gelelson MD (M. D. or other) MD

Address 1219 Rialto Bldg Date signed 12-2-48

(Licensed Embalmer's Statement on Reverse Side)

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. McCurtly, Registered Apprentice No. 275, working under my personal supervision.

Signed Guy Buffington

Licensed Embalmer No. 2756

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.