

FILED AUG 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26883**

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3408			
1. PLACE OF DEATH a. COUNTY Jackson County				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY Jackson					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) unknown		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		d. STREET ADDRESS (If rural, give location) 2536 Denver			
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorah				3. NAME OF DECEASED a. (First) William b. (Middle) Epstein c. (Last) Epstein		4. DATE OF DEATH (Month) (Day) (Year) 8-12-49			
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH Dec. 25, 1887			
9. AGE (In years last birthday) 61		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Receiving Clerk		10b. KIND OF BUSINESS OR INDUSTRY clothing		11. BIRTHPLACE (State or foreign country) Russia			
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Louw Epstein		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Rose			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Not Available		17. INFORMANT'S SIGNATURE OR NAME Rose Epstein		ADDRESS 2536 Denver			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis of Abdomen				INTERVAL BETWEEN ONSET AND DEATH 9 mos.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) primary in stomach				DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION Jan 1949		19b. MAJOR FINDINGS OF OPERATION Carcinomatosis				20. AUTOPSY 151X		YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?									
22. I hereby certify that I attended the deceased from Dec , 19 48 , to Aug 12 , 19 49 , that I last saw the deceased alive on Aug 11 , 19 49 , and that death occurred at 1:10 A.M. , from the causes and on the date stated above.									
23a. SIGNATURE Jack W. Wolf				(Degree or title) M.D.		23b. ADDRESS 206 Araya St		23c. DATE SIGNED Aug 11, 1949	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 8-24-49		24c. NAME OF CEMETERY OR CREMATORY Shettfield		24d. LOCATION (City, town, or county) (State) Kansas City, Mo			
DATE REC'D BY LOCAL REG. 8-13-49		REGISTRAR'S SIGNATURE Steraldine Holmes			25. FUNERAL DIRECTOR'S SIGNATURE J.P. Louis ADDRESS Funeral Home, K.C.				

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Gen. Buffington

Licensed Embalmer No. 2757

P. O. Address KC 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.