

FILED OCT 14 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30653  
4128 Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4128</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>4 wks.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City Rural</u>		1048	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>9616 Holmes Street</u>			
3. NAME OF DECEASED (Type or Print) <u>BERNARD</u>			a. (First) <u>SHAPIRO</u>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>September 28, 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 17, 1886</u>		9. AGE (In years last birthday) <u>63</u>	# UNDER 1 YEAR	# UNDER 100 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>New York, New York</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unknown Shapiro</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Sylvia Shapiro</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Paul Shapiro 9616 Holmes Street</u>			
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) <u>Relational Pulmonary Emphysema</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary Bronchocaulosis</u> DUE TO (c) <u>Pulmonary Tuberculosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>year</u> <u>year</u> <u>years</u> <u>002X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 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 <u>Birth to death</u> , 19 <u>    </u> , that I last saw the deceased alive on <u>    </u> , 19 <u>    </u> , and that death occurred at <u>    </u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Russell W. Kopp</u>				23b. ADDRESS <u>St. Joseph Hospital</u>		23c. DATE SIGNED <u>29 Sept 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 9-30-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Meriah Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u>		
DATE REC'D BY LOCAL REG. <u>9-30-50</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		FUNERAL DIRECTOR'S SIGNATURE <u>W. Newcomer</u>		ADDRESS <u>1331 Brushy Creek Kansas City, Mo.</u>	

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed Doyle L. Daniel

Signed.....

Student Embalmer

Licensed Embalmer No. 4707

P. O. Address Jacksonville, Fla.

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.