

FILED MAY 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12644
REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1764

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town or township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (In this place) 45 yrs.		d. STREET ADDRESS (If rural, give location) 7574 Walnut	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7574 Walnut			
3. NAME OF DECEASED a. (First) Jacob		b. (Middle) ----- c. (Last) Kaplan	
4. DATE OF DEATH (Month) (Day) (Year) April 22, 1951			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7-16-1894
9. AGE (In years last birthday) 56 yrs.		10. CITIZEN OF WHAT COUNTRY? U. S. A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager, bag making		10b. KIND OF BUSINESS OR INDUSTRY Columbia Bag Co.	
11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Sol Kaplan		13b. MOTHER'S MAIDEN NAME Bertha (unknown)	
14. NAME OF HUSBAND OR WIFE Anna Kaplan			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. unknown	
17. INFORMANT'S SIGNATURE OR NAME Louis Kaplan		ADDRESS K. C. Mo.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatous of abd. cavity	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cancer of stomach		INTERVAL BETWEEN ONSET AND DEATH 3 mos.	
DUE TO (c) malnutrition		15 1/2	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Extensive Cancer of Stomach, spread to perigastria lymph nodes - pancreas	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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. 15, 1950 , to April 21, 1951 , that I last saw the deceased alive on April 21, 1951 , and that death occurred at 6 a. m. , from the causes and on the date stated above. <i>(Initials)</i>			
23a. SIGNATURE Phillip H. Halperin M.D.		23b. ADDRESS 709 Prof. Bldg - K.C. Mo	
23c. DATE SIGNED 4/22/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr 23, 1951	
24c. NAME OF CEMETERY OR CREMATORY Sheffield Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 4-23-51		REGISTRAR'S SIGNATURE Geraldine Holmes	
25. FUNERAL DIRECTOR'S SIGNATURE Louis Funeral Home		ADDRESS K. C. Mo.	

22.

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.....
Student Embalmer

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.