

FILED NOV 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35074
4638

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u>				b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>4 1/2 yrs</u>		c. CITY OR TOWN <u>Kansas City</u>		1108			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Menorah</u>				d. STREET ADDRESS (If rural, give location) <u>631 East 66 St</u>				3000	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Abe</u>			b. (Middle) _____			c. (Last) <u>LITMAN</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 23, 52</u>			5. SEX <u>M.</u>			6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Sept. 7, 1890</u>			9. AGE (In years last birthday) <u>62</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Produce</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wholesale</u>		
11. BIRTHPLACE (City and State or Foreign Country) <u>Russia</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Morris Litman</u>			
13b. MOTHER'S MAIDEN NAME <u>Sophie (Unknown)</u>			14. NAME OF HUSBAND OR WIFE <u>Mrs. Anna Abrams</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>			
16. SOCIAL SECURITY NO. <u>None</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Louis Litman</u>			ADDRESS <u>1301 E 82 Terr.</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>	
II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Vascular Nephritis</u>				3 mos.				DUE TO (c) <u>Essential Hypertension</u>	
III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				3 years				592X	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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) _____		21d. (COUNTY) _____		21e. (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>Oct 17, 1952</u> to <u>Oct 23, 1952</u> , that I last saw the deceased alive on <u>Oct 22, 1952</u> , and that death occurred at <u>3:50 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Jack W. Wolf</u>			23b. ADDRESS <u>206 Agyle Blvd Kansas City, Mo</u>			23c. DATE SIGNED <u>Oct 23-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 24 '52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sheffield</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas city MO</u>			
DATE REC'D BY LOCAL REG. <u>10-23-52</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis Funeral Home</u>		ADDRESS <u>K.C. Mo.</u>			

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

2013 2.3.

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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 Greg Buffington
Licensed Embalmer No. 2756

P. O. Address H.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.