

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9857

State File No.

1258

FILED MAR 27 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

5

1. PLACE OF DEATH
a. COUNTY Jackson

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) Kansas City c. LENGTH OF STAY (In this place) 25 yrs.

c. CITY (If outside corporate limits, write RURAL and give township)
d. FULL NAME OF HOSPITAL OR INSTITUTION Home for Jewish Aged d. STREET ADDRESS (If rural, give location) 7801 Holmes 2918

3. NAME OF DECEASED (Type or Print)
a. (First) Herman b. (Middle) _____ c. (Last) Gross

4. DATE OF DEATH (Month) (Day) (Year) 2-27-53

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 8. DATE OF BIRTH 12-14-27 9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months Days Hours Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Greener 10b. KIND OF BUSINESS OR INDUSTRY 12th & Virginia 11. BIRTHPLACE (City and State or Foreign Country) Hungary 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Moshe David Gross 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. Unknown 17. INFORMANT'S SIGNATURE OR NAME Mrs. Harry Pack ADDRESS 4746 Rainbow K.C. Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Melanotic Carcinoma INTERVAL BETWEEN ONSET AND DEATH 2 years
ANTECEDENT CAUSES DUE TO (b) Ca. of Bladder 3 years
DUE TO (c) _____ 1817
II. OTHER SIGNIFICANT CONDITIONS Arterio-sclerosis 2 years
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 11-16, 1952 to 2-27, 1953, that I last saw the deceased alive on 2-25, 1953, and that death occurred at 12:05 P.m., from the causes and on the date stated above.

23a. SIGNATURE B. Marcus Heller (Degree or title) _____ 23b. ADDRESS 4746 Bryant Bldg 23c. DATE SIGNED 2-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 3-1-53 24c. NAME OF CEMETERY OR CREMATORY Mt. Carmel 24d. LOCATION (City, town, or county) (State) Kansas City, Mo.

DATE REC'D BY LOCAL REG. 3-2-53 REGISTRAR'S SIGNATURE Heraldine Smith 25. FUNERAL DIRECTOR'S SIGNATURE Louis Fun'l Home ADDRESS K.C. Mo.

WRITE PLAINLY—USING UNFADEING 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 Ray 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.