

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14188

State File No. _____

FILED MAY 13 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2251

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

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 (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>32 yrs.</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		3618	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>The Menorah Medical Center</u>		d. STREET ADDRESS (If rural, give location) <u>3903 Bellefontaine</u>	
3. NAME OF DECEASED a. (First) <u>Harry</u>		b. (Middle) <u>Gerson</u>	
c. (Last) _____		4. DATE OF DEATH (Month) <u>4</u> (Day) <u>29</u> (Year) <u>53</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 25, 1895</u>
9. AGE (In years last birthday) <u>57</u>		IF UNDER 1 YEAR: Months _____ Days _____	
IF UNDER 2 HRS. Hours _____ Mins. _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Philadelphia, Penn.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Owner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Rhumboogie Liquor Store</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Jacob Gerson</u>	
13b. MOTHER'S MAIDEN NAME <u>Sarah (Unknown)</u>		14. NAME OF HUSBAND OR WIFE <u>Rose Gerson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>487-09-8826</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Rose Gerson</u>		ADDRESS <u>3903 Bellefontaine</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>Cordruay thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cordruay sclerosis</u> 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 _____		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) (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 _____, 19 <u>48</u> , to <u>4-29</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>4-28</u> , 19 <u>53</u> and that death occurred at _____ m., from the causes and on the date stated above.	
23. SIGNATURE <u>Fred Irwig</u> (Degree or title) _____		23b. ADDRESS <u>1610 Poplar St. Mo.</u>	
23c. DATE SIGNED <u>4/29/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>5-1-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sheffield</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis Funeral Home</u> ADDRESS <u>K. C., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-30-53</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>	

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 D. 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.