

STANDARD CERTIFICATE OF DEATH

State File No. **42769**
Registrar's No. **5712**

FILED DEC 23 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5712

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 township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>49 yrs.</u>		3568	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Menorah</u>		d. STREET ADDRESS (If rural, give location) <u>510 3518 Benton Blvd.</u>	

3. NAME OF DECEASED (Type or Print) <u>Samuel</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12 - 4 - 53</u>	
a. (First)	b. (Middle)	c. (Last)		

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 18, 1886</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Mins.
-----------------	---------------------------	---	--------------------------------------	---	------------------------	----------------------	-----------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Paint Mfg. Longwear Paint + Varnish</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Poland</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	-----------------------------------	--	--

13a. FATHER'S NAME <u>Chaim Bell</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Ratsky</u>	14. NAME OF HUSBAND OR WIFE <u>Alta Bell</u>
--------------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>500-38-3922</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Albert Bell</u>	ADDRESS <u>1251 W. Gregory</u>
---	--	--	--------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>one week</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES		
	DUE TO (b) <u>Carcinoma of Bladder</u>		<u>one year</u>
	DUE TO (c) <u>Nonfunctioning left kidney</u>		<u>one year</u>
	II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>		<u>181X</u>

19a. DATE OF OPERATION <u>Jan 1953</u>	19b. MAJOR FINDINGS OF OPERATION <u>Papillary Carcinoma of Bladder; Ductectomies of Bladder</u>	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 Jan, 1953, to Dec 4, 1953, that I last saw the deceased alive on Dec 3, 1953, and that death occurred at 6:30 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Zeller Mayer</u>	(Degree or title)	23b. ADDRESS <u>609 Professional Bldg. Kansas City, Mo.</u>	23c. DATE SIGNED <u>12-4-53</u>
---------------------------------------	-------------------	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-6-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Carmel</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>
---	--------------------------	---	---

DATE REC'D BY LOCAL REG. <u>12-5-53</u>	REGISTRAR'S SIGNATURE <u>Steraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis Funeral Home</u>	ADDRESS <u>K.C. Mo.</u>
---	---	--	-------------------------

DEC 23 1910

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 A. L. Louis

Licensed Embalmer No. 3110

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.