

FILED DEC 27 1954

STANDARD CERTIFICATE OF DEATH

State File No. 40822
5548

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

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) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 66 yrs.		e. STREET ADDRESS (If rural, give location) 1134 2632 Troost	
d. FULL NAME OF HOSPITAL OR INSTITUTION Menorah			

3. NAME OF DECEASED a. (First) Israel b. (Middle) Allen c. (Last) Brenner			4. DATE OF DEATH (Month) (Day) (Year) 12-2-54		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11-17-83		9. AGE (In years last birthday) 71
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Lithuania		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Moses Hyman Brenner	13b. MOTHER'S MAIDEN NAME Yetta Baersnitzky	14. NAME OF HUSBAND OR WIFE Maxine
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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. None	17. INFORMANT'S SIGNATURE OR NAME Maxine Brenner	ADDRESS Home
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subdural Haematomas		INTERVAL BETWEEN ONSET AND DEATH 9369
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Scurvy		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Operated at Menorah Hosp		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Past Refused	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) unknown	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Kansas City Jackson 23 MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10:29 54	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Spatiment Cause unknown

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens (Degree or title) Hugh H. Owens	23b. ADDRESS 1134 Piatto Bldg	23c. DATE SIGNED 12-2-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-3-54	24c. NAME OF CEMETERY OR CREMATORY Elmwood	24d. LOCATION (City, town, or county) (State) Kansas City Mo.
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DATE REC'D BY LOCAL REG. 12-3-54	REGISTRAR'S SIGNATURE Helen Marshall	25. FUNERAL DIRECTOR'S SIGNATURE Louis Funl Home	ADDRESS K.C. Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

7100

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *A. L. Louis*.....

Licensed Embalmer No. *31*.....

P. O. Address *K. C.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.