

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 11 1961

-60-046171

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6103

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> Length of stay in 1b <u>5 Days</u> c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Menorah Medical Center</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u> c. CITY OR TOWN <u>Mission</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>3512 W. 61st Terrace</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Morris</u> Middle <u>Kratchman</u> Last <u>Morris</u>			4. DATE OF DEATH Month <u>December</u> Day <u>3</u> Year <u>1960</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Approx. 76</u>	9. AGE (last birthday) IF UNDER 1 YEAR Months <u>76</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		
10b. KIND OF BUSINESS OR INDUSTRY <u>Furniture</u>		11. BIRTHPLACE (City and state or country) <u>Odessa, Russia</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Aaron Kratchman</u>		13b. MOTHER'S MAIDEN NAME <u>Pearl</u>		14. NAME OF HUSBAND OR WIFE <u>Ida Kratchman</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>491-32-5306</u>	17. INFORMANT <u>Alex Kratchman, 6501 Wenonga Rd.</u> Address <u>Mission, Kansas</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia - Bronchial - bilateral</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Carbosis of Liver + Ascites; Opil. + Cerebral Arteriosclerosis</u>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE		
21. I attended the deceased from <u>1955</u> to <u>Dec. 3, 1960</u> and last saw him alive on <u>Dec. 3, 1960</u> Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>E. J. Twinn, M.D.</u>			22b. ADDRESS <u>701 E. 63rd St. K.C., Mo.</u>		22c. DATE SIGNED <u>12/3/60</u>		
23a. BURIAL CREMATION, REMOVAL (Specify) <u>Entombment</u>	23b. DATE <u>12/4/1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Mausoleum</u>	23d. LOCATION (City, town, or county) <u>Kansas City, Missouri</u> State _____				
24. FUNERAL DIRECTOR <u>J.P. Louis Funeral Home, K.C., MO.</u> ADDRESS _____		25. DATE RECD. BY LOCAL REG. <u>12-5-60</u>	26. REGISTRAR'S SIGNATURE <u>H-L. Dwyer</u>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF E. J. Twinn

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed *Greg Buffington*

Licensed Embalmer No. 2756

P. O. Address KCCN

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.