

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 3414

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Argyle Bldg. 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. Life (Specify whether
In this community Samuel S. Shapiro 160
years, months or days)

3. (a) PRINT FULL NAME

SAMUEL S. SHAPIRO

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dorothy E. Shapiro 6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased July 4 1898
(Month) (Day) (Year)

8. AGE: Years 42 Months 1 Days 25 If less than one day
hr. min.

9. Birthplace Kansas City Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Lawyer

11. Industry or business

MOTHER FATHER { 12. Name Jacob R. Shapiro
13. Birthplace Russia
(City, town, or county) (State or foreign country)
14. Maiden name Anna Nashel
15. Birthplace Poland
(City, town, or county) (State or foreign country)

16. (a) Informant Julius Shapiro
(b) Address 402 W 57 St

17. (a) Burial (b) Date thereof Aug 30 '40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheffield

18. (a) Signature of funeral director J. P. Lewis Funeral

(b) Address 3400 Woodland Home

19. (a) Aug. 30, 1940 (b) M. M. Croen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 310 E 69th St
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day 8-29-40
year _____ hour _____ minute 900 a. M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that he/she was alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Acute pulmonary congestion
Chronic myocardial infarction
Old coronary occlusion
(left descending)
Coronary sclerosis

Other conditions (Include pregnancy within 6 months of death) _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) _____

23. Signature Victor H. Butler _____ (or other)

Address K.C. Mo Date signed _____

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.