

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

NOV 21 1938

34721

Do not use this space.

**1. PLACE OF DEATH**

(a) County Jackson Registration District No. 399  
 (b) Township Rox Primary Registration District No. 100 Registered No. 4057  
 (c) City K.C. Mo. (d) Street No. Memoreh Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. 3122 Euclid St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

<p><b>3. SEX</b> <u>Fem.</u></p>	<p><b>4. COLOR OR RACE</b> <u>Wh.</u></p>	<p><b>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)</b> <u>married</u></p>
<p><b>5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF</b> <u>Max Green</u></p>		
<p><b>6. DATE OF BIRTH (MONTH, DAY, AND YEAR)</b> <u>unknown</u></p>		
<p><b>7. AGE</b> <u>54</u></p>	<p>YEARS</p>	<p>MONTHS</p>
<p>IF LESS than 1 day, .....hrs. or .....min.</p>		<p>DAYS</p>
<p><b>8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.</b> <u>House work</u></p>	<p><b>9. Industry or business in which work was done, as saw mill, bank, etc.</b></p>	
<p><b>10. Date deceased last worked at this occupation (month and year)</b></p>	<p><b>11. Total time (years) spent in this occupation</b></p>	
<p><b>12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Poland</u></p>		
<p><b>13. NAME</b> <u>Harry Shumaker</u></p>	<p><b>14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Poland</u></p>	
<p><b>15. MAIDEN NAME</b> <u>Fannie Finckelstein</u></p>	<p><b>16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Poland</u></p>	
<p><b>17. INFORMANT (ADDRESS)</b> <u>Max Green</u> <u>3122 Euclid</u></p>		
<p><b>18. BURIAL, CREMATION, OR REMOVAL PLACE</b> <u>Sheffield Cem</u> DATE <u>12-18-38</u></p>		
<p><b>19. FUNERAL DIRECTOR (NAME) (ADDRESS)</b> <u>H. Tigerman &amp; Sons</u></p>		
<p><b>20. FILED</b> <u>Dec 18 1938</u> <u>M. M. Cross</u> Local Registrar.</p>		

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Oct 17, 1938

**22. I HEREBY CERTIFY**, That I attended deceased from Oct 15, 1938 to Oct 17, 1938  
 I last saw her alive on Oct 17, 1938 Death is said to have occurred on the date stated above, at 3:30 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of gall bladder Date of onset 6 mo  
46 6 -

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? X-ray Was there an autopsy? No

**23. If death was due to external causes (violence), fill in also the following:**  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

**24. Was disease or injury in any way related to occupation of deceased?** No  
 If so, specify \_\_\_\_\_  
 (Signed) H. Charles M. D.  
 (Address) 1405 Bryant Bldg

*Lager*

**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, above space should be left blank.

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