

MAR 9 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5515
Do not use this space.

1. PLACE OF DEATH

(a) County JACKSON Registration District No. 395
 (b) Township HAW Primary Registration District No. 1002 Registered No. 1714
 (c) City KANSAS CITY (d) Street No. 622 VIRGINIA 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 HESEL ROSENBERG

(a) Residence, No. 622 VIRGINIA 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

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF BESSIE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS 88 MONTHS DAYS If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. RETIRED
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LITVANIA

FATHER 13. NAME JOSEPH

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LITVANIA

MOTHER 15. MAIDEN NAME ELLA

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LITVANIA

17. INFORMANT EDWARD ROSENBERG
 (ADDRESS) 901 E GREGORY

18. BURIAL, CREMATION, OR REMOVAL PLACE SHEFFIELD DATE FEB 19 1939

19. FUNERAL DIRECTOR (NAME) J. R. LOUIS FUNERAL HOME
 (ADDRESS) 3400 WOODLAND CITY

20. FILED 2/19 1939 Dr. Crowe
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB. 28 1939

22. I HEREBY CERTIFY, That I attended deceased from April, 1937, to Feb. 18, 1939
 I last saw him alive on Feb 18, 1939 Death is said to have occurred on the date stated above, at 7 P. m.
 The principal cause of death and related causes of importance were as follows:

arteriosclerosis
heart disease
as B
 Date of onset
 Other contributory causes of importance:
hypertrophied prostate
hypertrophied prostate

Name of operation Date of
 What test confirmed diagnosis? 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) J. P. Hoffman M. D.
 (Address) 408 Virginia Bldg
1st floor

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.