

RECORDED DEC 22 1939

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

38498  
Do not use this space.  
42672

1. PLACE OF DEATH

(a) County Jackson / Registration District No. 399  
(b) Township Kaw / Primary Registration District No. 100  
(c) City Kansas City / (d) Street No. St Lukes Hosp 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. 2811 Brooklyn 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 Fe 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown  
7. AGE YEARS 67 MONTHS — DAYS — If LESS than 1 day, .....hrs. or .....min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home  
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) Russia 7

13. NAME Israel A Nearsch 7

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia 13

15. MAIDEN NAME Not Known 11

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

17. INFORMANT J. P. Snitz  
(ADDRESS) K. C. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sheffield Cem DATE 11-7-1939

19. FUNERAL DIRECTOR (NAME) J. P. Louis Funeral Home  
(ADDRESS) 3400 W 44th Land

20. FILED Nov 7 1939 M. M. Crown  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-6-1939

22. I HEREBY CERTIFY, That I attended deceased from Apr., 1934 to Nov. 6, 1939  
I last saw her alive on Nov. 6, 1939, 19..... Death is said to have occurred on the date stated above, at 8:30 A.M.  
The principal cause of death and related causes of importance were as follows:

Coronary Occlusion Date of onset 11/7/39  
Diabetes Mellitus 59 1929  
Other contributory causes of importance:

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) W. H. Ashburner M. D.  
(Address) W. H. Ashburner

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

NOTE—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.

V. S. No. 2  
80M-9-19-38  
I X16603

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**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.**