

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

38510
Do not use this space.

REC'D DEC 11 1939

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township 1 Primary Registration District No. 1002
 or N.E.
 (c) City N.E. (d) Street No. Research Court 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.

16.5
 2. PRINT FULL NAME Ethel Shefrin
 (a) Residence, No. 3336 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 wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
approx 60 X X

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. HOUSE WIFE
 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

FATHER
 13. NAME JACOB SHEFRIN
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RUSSIA

MOTHER
 15. MAIDEN NAME RACHEL PINSKER
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RUSSIA

17. INFORMANT LOUIS SHEFRIN
 (ADDRESS) K.C. MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE SHEFFIELD CEM. DATE 11-8-39

19. FUNERAL DIRECTOR (NAME) H. TIGERMANN & SONS
 (ADDRESS) K.C. MO.

20. FILED Nov. 8 1939 M. M. Brown
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 7 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1939, to Nov. 7, 1939.
 I last saw him alive on 11-7-39, 1939. Death is said to have occurred on the date stated above, at 6 a.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma Cervicis
46
 Date of onset

Other contributory causes of importance:
Diabetes
Hypertension

Name of operation radical Date of 11-7-39
 What test confirmed diagnosis? amniotic 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? _____
 If so, specify _____
 (Signed) Donald Beach, M. D.
 (Address) 924 1/2 S. 1st
K.C. MO.

MARGIN RESERVED FOR BINDING

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

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.

V. S. NO. 30M-9-19-38 I X 16605

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.....

FRANCIS WALTON....., Registered Apprentice No. 2744
working under my personal supervision.

Signed Francis Walton
Ray G. H. Fyeman
Licensed Embalmer No. 2744

P. O. Address K.C., Mo.

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.