DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42457

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1866

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town K.C.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 2843 Troost 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ~~10 years~~ (Specify whether
In this community 10 years.
years, months or days)

3. (a) PRINT FULL NAME Sara Friedman

3. (b) If veteran, name war —
3. (c) Social Security No.

4. Sex fe
5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years approx 65. Months Days If less than one day hr. min.

9. Birthplace Poland (City, town, or county) (State or foreign country)
10. Usual occupation nothing
11. Industry or business nothing

FATHER
12. Name Louis Sibal
13. Birthplace Poland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Izzie Friedman
(b) Address 2605 Wabash
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-26-39 (Month) (Day) (Year)
(c) Place: burial or cremation Blue Ridge
18. (a) Signature of funeral director L. Pagenkopf Jr.
(b) Address K.C. Mo.
19. (a) Dec. 26, 1939 (Date received local registrar) (b) M. M. Grome (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town K.C.
(If outside city or town limits, write "RURAL")
(d) Street No. 2932 Wabash
(If rural, give location)
(e) If foreign born, how long in U. S. A.? approx 25 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25th
year 1939 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 14, 1939, to Dec 25, 1939
that I last saw h alive on Dec 25, 1939
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute myocarditis	
Due to: Chronic myocarditis	6 mo
Due to: Diabetes mellitus	6 mo
Other conditions: —	
(Include pregnancy within 3 months of death)	

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Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? —
(Specify type of place)
While at work? — (e) Means of injury —

23. Signature Joseph Feldman (M. D. or other) M.D.
Address Fixit & Realty Bldg Date signed 12-26-39

(Licensed Embalmer's Statement on Reverse Side)

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.....

Did not Embalm, 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 wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.