No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1940

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 13954

Registrar's No. 1666

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community About 49 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits write "RURAL")

(d) Street No. 3420 South Benton
(If rural, give location)

(e) If foreign born, how long in U. S. A.? About 49 Years years.

3. (a) PRINT FULL NAME Anna Axelrod 246

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife David Axelrod

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased August (Month) 12 (Day) 1886 (Year)

8. AGE: Years 53 | Months 8 | Days 5 | If less than one day ___ hr. ___ min.

9. Birthplace Minsk (City, town, or county) Russia (State or foreign country) 7

10. Usual occupation Home duty 7

11. Industry or business 7

FATHER
12. Name Israel Brady 7
13. Birthplace (City, town, or county) Russia (State or foreign country) 7

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

16. (a) Informant David Axelrod
(b) Address 3420 South Benton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-19-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Sheffield

18. (a) Signature of funeral director J. P. Louis Funeral Home
(b) Address 3400 Woodland, K. C. Mo.

19. (a) April 19, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17
year 1940 hour 6:35 minute P M.

21. I hereby certify that I attended the deceased from April 7, 1940, to April 17, 1940
that I last saw her alive on April 17, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral thrombosis	4 days
Due to 8 2 B	
Due to	
Other conditions Obesity (Include pregnancy within 3 months of death)	
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 S. S. Tuson, MD (M. D. or other)
Address 1232 Prof Bldg K. C. Mo. Date signed 4/19/40

(Licensed Embalmer's Statement on Reverse Side)

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 .....

Myself ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Bert Legan

Licensed Embalmer No. 3999

P. O. Address Kansas City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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