

No. 2
4-13-40
5-17-39
I X28

JAN 10 1941

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **4833**

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: **4130 WABASH**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **42 YEARS**
(Specify whether 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. **4130 WABASH**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **60** years.

3. (a) PRINT FULL NAME **MORRIS Gudelsky Gudelsky**

3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **NONE**

4. Sex **MALE** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **PEARL** 6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **PEARL**
(Month) (Day) (Year)

8. AGE: Years **76** Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace **UNKNOWN RUSSIA**
(City, town, or county) (State or foreign country)

10. Usual occupation **LABORER, (RETIRED)**

11. Industry or business **7**

12. Name **MAX** **7**

13. Birthplace **RUSSIA**
(City, town, or county) (State or foreign country)

14. Maiden name **UNKNOWN** **9**

15. Birthplace **UNKNOWN**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Pearl Gudelsky**

(b) Address **4130 Wabash**

17. (a) **BURIAL** (b) Date thereof **DEC. 22, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sheffield Cem.**

18. (a) Signature of funeral director **W. G. ...**

(b) Address **3400 Woodland Ave.**

19. (a) **12-20-40** (b) **M. M. ...**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **20**
year **1940** hour **12:30** minute **a. m.** M.

21. I hereby certify that I attended the deceased from **July 18**
1939, to **Dec. 19**, 19**40**;
that I last saw him alive on **Dec. 19**, 19**40**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Branchopneumonia** **3 days**

Due to **Arteriosclerosis and Apoplexy** **3 months**

Due to **Stroke**

Other conditions **None**
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

Duration

3 days

3 months

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? **361**
(Specify type of place) (e) Means of injury

23. Signature **Henry B. ...** (M. D. or other) **MD**

Address **318 ...** Date signed **12-20-40**

*copy
C. L. Lewis*

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 *A. L. Lewis*

Licensed Embalmer No. *3110*

P. O. Address *N.C. 210*

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, fact should be so stated above.