

FILED SEP 12 1941

State File No. 3067

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

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:
MEMORAH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 56 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. 3916 FLORA
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day August
year 1941 hour 9 minute 25 P.M.

21. I hereby certify that I attended the deceased from July 1 - 1941
19 to Aug 12, 1941
that I last saw her alive on Aug 12, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Ventricular fibrillation sudden
Due to _____

Due to Malignant hypertension 1 yr.

Other conditions Cancer of bladder
(Include pregnancy within 3 months of death)

Major findings:
Of operations 52B
Of autopsy 52B

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? _____

While at work? _____ (Specify type of place)
(a) Means of injury _____

23. Signature W. L. Lewis (M. D. or other) MD
Address 120 Prof. Bldg Date signed Sept 12-41

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

8. (a) PRINT FULL NAME Goldie Siegel

3. (b) If veteran, name war NO 8. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife NATHAN SIEGEL 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased UNKNOWN
(Month) (Day) (Year)

8. AGE: Years 72 Months - Days - If less than one day _____ hr. _____ min.

9. Birthplace RUSSIA 6
(City, town, or county) (State or foreign country)

10. Usual occupation HOME DUTIES

11. Industry or business _____

12. Name HARRY ABRAHAM ROSENBLUM

13. Birthplace RUSSIA 6
(City, town, or county) (State or foreign country)

14. Maiden name FLORA

15. Birthplace RUSSIA 6
(City, town, or county) (State or foreign country)

16. (a) Informant IKE SIEGEL

(b) Address 4311 INDIANA N.C.M.D.

17. (a) BURIAL (b) Date thereof 8-14-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SHEFFIELD

18. (a) Signature of funeral director J. Phouis FUNERAL HOME

(b) Address 3400 WOODLAND N.C.M.D.

19. (a) 9/14/41 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

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 _____

working under my personal supervision.

Myself

Registered Apprentice No. _____

Signed _____

Bert Legan

Licensed Embalmer No. *3979*

P. O. Address *Manassas city, va*

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.