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X26390

FILLED OCT 13 1941  
Registration District No.           

Primary Registration District No. 1002

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:  
706 Olive Street 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution           
(Specify whether  
In this community 61 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **48**  
(c) City or town Kansas City **3**  
(If outside city or town limits, write "RURAL") **8**  
(d) Street No. 706 Olive Street 1  
(If rural, give location)  
(e) Citizen of foreign country? Yes (Yes or No)  
If yes name country                         

3. (a) PRINT FULL NAME Mr. Isadore Schwartz

3. (b) If veteran, name war No 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 Mrs. Katherine Schwartz 6. (c) Age of husband or wife if alive 81 years  
7. Birth date of deceased January 23 1859  
(Month) (Day) (Year)

8. AGE: Years 82 Months 8 Days 4 If less than one day hr.          min.         

9. Birthplace Budapest Hungary  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Merchant & Taylor

12. Name Unknown Schwartz

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

14. Maiden name Unknown

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

16. (a) Informant Fred Schwartz

(b) Address Tulsa Okla

17. (a) Burial (b) Date thereof Sept. 28, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tulsa, Oklahoma

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd

19. (a) 9/28/41 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27th  
year 1941 hour 11 minute          P. M.

21. I hereby certify that I attended the deceased from April 1, 1941  
Sept 27, 1941 to         , 1941;  
that I last saw him alive on Sept 27, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Biliary Calculi **1 year**  
Due to           
Due to         

Other conditions           
(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?

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

23. Signature R. C. Ozany (M. D. or other)           
Address 404 1/2 N. 75th Date signed 9/28/41

**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 George M. Callier

Licensed Embalmer No. 3839

P. O. Address D.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, fact should be so stated above.**

101/12/11/12/13/14/15/16/17/18/19/20/21/22/23/24/25/26/27/28/29/30/31/32/33/34/35/36/37/38/39/40/41/42/43/44/45/46/47/48/49/50/51/52/53/54/55/56/57/58/59/60/61/62/63/64/65/66/67/68/69/70/71/72/73/74/75/76/77/78/79/80/81/82/83/84/85/86/87/88/89/90/91/92/93/94/95/96/97/98/99/100