o. 2
4-41
7-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 30856

Registrar's No. 3614

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: Menorah Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 28 Years

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")

(d) Street No. 1514 East 31st St. 8
(If rural, give location)

(e) Citizen of foreign country? ____ (Yes or No) U
If yes, name country ____

3. (a) PRINT FULL NAME: Pearl Lea Lena Gershowitz

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: Max Gershowitz

6. (c) Age of husband or wife if alive: 50 years

7. Birth date of deceased: February (Month) 5 (Day) 1891 (Year)

8. AGE: Years 50 | Months 7 | Days 24 | If less than one day ____ hr. ____ min.

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

10. Usual occupation: House Wife

11. Industry or business: ____

MOTHER FATHER

12. Name: Abraham Belove

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

14. Maiden name: Sarah Cohen

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

16. (a) Informant: Max Gershowitz

(b) Address: 1514 East 31st St. K. C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-29-41 (Month) (Day) (Year)

(c) Place: burial or cremation: Sheffield Cemetery

18. (a) Signature of funeral director: J. E. Louis Funeral Home

(b) Address: 3400 Woodland K. C. Mo.

19. (a) 9/29/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. day: 29 year: 1941 hour: 12:15 minute: A M.

21. I hereby certify that I attended the deceased from 9.12. 1941, to 9. 29 1941; that I last saw h. alive on 9. 28 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hepato-renal Syndrome	6 days
Due to Cholecystotomy 9.23.41	
Due to Carcinoma of Gall bladder with Cholelithiasis	4 mos? 2 years
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: Carcinoma of Gall bladder with bladder distended with stones

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: Harry C. Lopp (M. D. or other) D

Address: 1103 Brand Date signed: 9.29.41

(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.....

....., 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 with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Mo } ss.
County of Jackson

State File No.
Local Registrar's No. 3614

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 28 day of Aug, 1942, before me appears Joe Zolotar, who, upon his oath, states that the original record of ~~birth~~ death for Pearl Lea Gershowitz ~~died~~ born died 9-29, 1941 in the State of Missouri, and which was filed at KC on 9-29, 1941 should be corrected as follows:

Item No. name should read Pearl Lea
Instead of Lena

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Joseph Zolotar son
Relationship.

3027 Highland
Present Address.

Subscribed and sworn to before me this 28th day of August, 1942

My Commission expires My Commission Expires Jan. 15, 1946

Rose A. Marks Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S. 135
-3-42
-I X32339

1941
S-30856