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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 1 0 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31056

Registration District No. 85 Primary Registration District No. 1001 Registrar's No.

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
732½ S.10th. 1 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 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan 11
(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL")
(d) Street No. 732½ S.10th. 7
(If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ZORA FAE ROTHMAN

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

4. Sex Female 1 5. Color or race White 6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Harry Rothman 6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased Feb. (Month) 16th. (Day) 1919 (Year)

8. AGE: Years	Months	Days	If less than one day
22	6	27	hr. min.

9. Birthplace Kansas City (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Joseph Goldhamer
13. Birthplace Unknown (City, town, or county) Hungary 0 (State or foreign country)

MOTHER
14. Maiden name Lena Marks
15. Birthplace Kansas City (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Harry Rothman
(b) Address 732½ S.10th. St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 14, 41 (Month) (Day) (Year)
(c) Place: burial or cremation Shaare Sholem

18. (a) Signature of funeral director FLEEMAN & SON INC.
(b) Address St. Joseph, Mo.

19. (a) 9-13-41 (Date received local registrar) (b) H J Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13th.
year 1941 hour 6 minute AM M.

21. I hereby certify that I attended the deceased from Apr 18 1939 to Sept 12 1941;
that I last saw her alive on Sept 12 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Chy Nephritis - Duration 1939.

Due to

Due to 131 b

Other conditions atrophy of kidney June 1941
(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 0

23. Signature Frank H. Hardigan (M. D. or other)
Address Kimpolnick Bldg Date signed 9/15/41.

(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

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 Geo. E. Daniel

Licensed Embalmer No. 3300

P. O. Address St. Joseph, M

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

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