

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2282

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:
121 Ward Park Wy
(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) 20 yrs

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. 121 Ward Park Wy
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME William Silverberg

3. (b) If veteran, name war None

3. (c) Social Security No. 487-05-1939

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jennie Silverberg

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased January 15 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>4</u>	<u>25</u>	hr. min.

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

10. Usual occupation Salesman

11. Industry or business Salesman

12. Name Herman Silverberg

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

14. Maiden name Helena

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

16. (a) Informant Mrs. Jennie Silverberg

(b) Address 121 Ward Parkway

17. (a) Removal (b) Date thereof June 11 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chicago, Ill.

18. (a) Signature of funeral director Archard L. Louis

(b) Address 3400 Woodland

19. (a) 6-11-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 10
year 1942 hour 1 minute 40 P. M.

21. I hereby certify that I attended the deceased from several
years to June 10, 1942
that I last saw him alive on June 10, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Massive
hemorrhage from
ulcer of stomach

Due to 117a

Other conditions Hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations no

Of autopsy no

Duration

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 Paul R. [unclear] (M.D. or other).....

Address 928 Orville Bldg Date signed June 11, 42

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

48
3
8

1076

361

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..... **Archard L. Louis**

Licensed Embalmer No..... **3110**

P. O. Address..... **3400 Woodland, K. 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.