

FILED OCT 24 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 374A

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86  
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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: Memorial Hosp.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day  
(Specify whether years, months or days) 38 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. 4410 Park  
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Bessie Granoff

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Fe 1

5. Color or race Wh

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

6. (b) Name of husband or wife Jacob A.

6. (c) Age of husband or wife if alive, years 42

7. Birth date of deceased Sept. 24, 1868  
(Month) (Day) (Year)

8. AGE: Years 74 Months 0 Days 15 If less than one day 46 hr. min.

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

10. Usual occupation House Duties

11. Industry or business

12. Name Louis (Not Known)

13. Birthplace Not Known  
(City, town, or county) (State or foreign country)

14. Maiden name Not Known

15. Birthplace Not Known  
(City, town, or county) (State or foreign country)

16. (a) Informant A. J. Granoff

(b) Address K. C. Mo

17. (a) Burial (b) Date thereof 10-11-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Carmel

18. (a) Signature of funeral director J. P. Louis Filmer

(b) Address 5th Cent

19. (a) 10-12-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 9  
year 1942 hour 6 minute 42 P.M.

21. I hereby certify that I attended the deceased from 8-24 1942 to 10-9-42  
that I last saw him alive on 10-9-42 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma at head of Pancreas

Due to 469

Due to -

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

Major findings: none

Of operations none

Of autopsy none

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? -

23. Signature Geo F Pendleton (M. D. or other)

Address 933 Prof Bldg Date signed -

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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.**