

Registration District No. 149

Primary Registration District No. 1002

FILED

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:
2537 Harrison Street - Apt. # 10
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Months (Specify whether years, months or days)

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. 2537 Harrison Street - Apt. # 10
(If rural, give location)

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

3. (a) PRINT FULL NAME Sharon Lee Schulman

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3rd
year 1943 hour 6 minute 05 A. M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife ---

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

7. Birth date of deceased: September 22 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
5 11 hr. min.

21. I hereby certify that I attended the deceased from Periodically From Oct. 17 1942 to Mar. 1 1943; that I last saw her alive on Mar. 1 1943 and that death occurred on the date and hour stated above.

Immediate cause of death:
- Acute Bronchopneumonia -

Due to Secondary to Otitis Media & Pharyngitis

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

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

10. Usual occupation Infant

Major findings: No operation

Of operations

Of autopsy No autopsy

11. Industry or business ---

12. Name Himie H. Schulman

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

14. Maiden name Fern Davis

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

16. (a) Informant Luan Schulman

(b) Address 2537 Harrison Street - Apt. # 10

17. (a) Burial (b) Date thereof Mar. 5, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director D. V. Newcomer, Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 3-5-43 (b) M. M. Browne
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following: 0

(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 Silney H. Fisher (M. D. ---)
Address 628 Perry Blvd. Date signed 3/5/43

Duration 48 hours

PHYSICIAN ---
Underline the cause to which death should be charged statistically.

Professional Body

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 Emile M. Calhoun
Licensed Embalmer No. 3506
P. O. Address R. 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.