

Registration District No. 149

Primary Registration District No. 1002

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

Complete

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kennett Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 3729 Virginia  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 30 yrs  
years, months or days

3. (a) PRINT FULL NAME Froma Spitzkauskay

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

4. Sex Fe 5. Color or race W 6. (a) Single, widowed, married, 2 divorced Widowed

6. (b) Name of husband or wife Max 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Not Known  
(Month) (Day) (Year)

8. AGE: Years 74 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Horse Wife

11. Industry or business \_\_\_\_\_

12. Name Samuel David

13. Birthplace Russiab  
(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 Karl Schatter  
(b) Address K. C. Mo

17. (a) Burial (b) Date thereof 4-15-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheffieldlea

18. (a) Signature of funeral director J. P. Kovstuner  
(b) Address K. C. Mo

19. (a) 4-16-43 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

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. 3729 Virginia  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14  
year 1943 hour 7 AM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from July 15  
1942, to April 14, 1943  
that I last saw her alive on April 13, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Disease Sudden  
Due to Myocardial Infarction 5 years  
Chronic Myocarditis 3 years

Other conditions 92B  
(include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Oliver Dringen M.D. (M. D. or other)  
Address 220 403th Bldg Date signed 4/15/43

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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..... *D. L. Lewis*.....  
Licensed Embalmer No. *3110*.....  
P. O. Address..... *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.**