

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. _____

FILED OCT 13 1943 / 49

Registration District No. _____ Primary Registration District No. 1002

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: Menorah Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
In this community 8 years, (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. 5209 Rockhill Road
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Josephine Sanditz
(b) If veteran, name war no. (c) Social Security No. no.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September day 20th
year 1943 hour _____ minute _____ a. M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John G. Sanditz
6. (c) Age of husband or wife if alive X years
7. Birth date of deceased March 3 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 10, 1943, to Sept 20, 1943
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
68 6 17 77 hr. _____ min.

Immediate cause of death Metastatic Sarcoma of lung - Reoperated 4 months
Primary Sarcoma breast 2 years
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Physician _____
Underline the cause to which death should be charged statistically.

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

10. Usual occupation at home,

11. Industry or business _____

MOTHER FATHER
12. Name Jacob Cerny
13. Birthplace Behemia
(City, town, or county) (State or foreign country)
14. Maiden name Theresa Mara
15. Birthplace Bohemia
(City, town, or county) (State or foreign country)

16. (a) Informant Bert J. Sanditz,
(b) Address 5209 Rockhill Road, K. C., Mo.

17. (a) Burial (b) Date thereof 9-22-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Rose Hill Cemetery

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 9-22-43 (b) H. E. Brown
(Date received local registrar) (Registrar's signature)

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 A. Sopher (M. D. or other)
Address 1405 Bryant Bldg Date signed Sept 20

Dr. Sophian

BRYANT Bldg-

Ro. 1311

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address 72 @ 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.