V. S. No. 2
100M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23596

State File No.

FILED AUG 2 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2985

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: 2720 Gillham Rd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 19 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town Kansas City 48
(If outside city or town limits, write "RURAL")
(d) Street No. 2720 Gillham Rd 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Gussie Block
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, divorced Widow
6. (b) Name of husband or wife Jules Block
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) 14 (Day) 1880 (Year)

8. AGE: Years 64 Months 5 Days 4 If less than one day hr. min.

9. Birthplace Clinton, Mo. (City, town, or county) U (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Samuel Kahn
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Harriett Pfeffer
15. Birthplace New Orleans, La. (City, town, or county) (State or foreign country)
16. (a) Informant Miss Fannie Kahn
(b) Address 2720 Gillham Rd
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 (Month) 20 (Day) 44 (Year)
(c) Place: burial or cremation Sedalia Mo.
18. (a) Signature of funeral director Carroll-Davidson
(b) Address 3024 Troost ave.
19. (a) 7-19-44 (Date received local registrar) (b) R. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 18 year 44 hour 6:15 PM. M.
21. I hereby certify that I attended the deceased from 1944, 19 to 7/18/44 19;
that I last saw h. alive on 7/18/44 19;
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Metastatic Osteogenic Sarcoma
Due to
Due to 8 d
Other conditions Hypertension Melancholia
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Pathologic Histology

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 O. E. Pl. O (Physician) 7/19/44
Address 1109 Pet Bldg. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Kathryn E. Davidson

Licensed Embalmer No. 3648

P. O. Address Kansas City, 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.