. S. No. 2
0M—5-43
ev. 5-17-39
I X36671

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

40322

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 28 1945

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5173

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:
General Hospital No. 1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 55 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3006 Woodland 8
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mary Weinberg

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Nathan Weinberg

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

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years 68 | Months | Days | If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Russia 6 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Hyman Altshuler
13. Birthplace Unknown (City, town, or county) Russia 6 (State or foreign country)

MOTHER
14. Maiden name Rose (Unknown)
15. Birthplace Unknown (City, town, or county) Russia 6 (State or foreign country)

16. (a) Informant Mrs. Paul S. Goldsberry
(b) Address 5632 Lydia, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 16, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Sheffield

18. (a) Signature of funeral director J. P. Louis Funeral Home
(b) Address 3400 Woodland, Kansas City, Mo.

19. (a) 12-15-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14
year 1945 hour 10 minute 40 P. M.

21. I hereby certify that I attended the deceased from Dec. 12, 1945, to Dec. 14, 1945;
that I last saw her alive on Dec. 14, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of gastro-intestinal tract	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 46 m
Of autopsy None

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 Clark W Seely Mr (M. D. or other)
Address Med. Dir. Gen'l Hosp. Date signed 12-15-45

(Licensed Embalmer's Statement on Reverse Side)

Dr. Marrin

FEB 1 1946

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 B. G. Logan

Licensed Embalmer No. 3979

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.