S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 2 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5652

Registration District No. 149 Primary Registration District No. 1002. Registrar's No. 695

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town K.C.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Menorah Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Months (Specify whether years, months or days)
In this community 43 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson 48
(c) City or town K.C. 0
(If outside city or town limits, write "RURAL")
(d) Street No. 4946 Walnut 8
(If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EVELYN. HANS.
3. (b) If veteran, name war No
3. (c) Social Security No. No.
4. Sex F. 1
5. Color or race W.
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Samuel Hans.
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased Oct. 12. 1902 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
43	3	28	hr. min.

9. Birthplace K.C. (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Morris Siboff
FATHER 13. Birthplace Unknown (City, town, or county) (State or foreign country) 1
MOTHER 14. Maiden name Mary Brosner
MOTHER 15. Birthplace Unknown (City, town, or county) (State or foreign country) 4
16. (a) Informant Saml Hans.
(b) Address 4946. Walnut.
17. (a) Entombment (Burial, cremation, or removal) (b) Date thereof 2/12/46 (Month) (Day) (Year)
(c) Place: burial or cremation Rose Hill Mausoleum
18. (a) Signature of funeral director Carroll Davidson
(b) Address 3024 Troost
19. (a) 2-11-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10 year 1946 hour 11 minute A.M.
21. I hereby certify that I attended the deceased from Jan 13 1946 to Feb 10 1946 that I last saw her alive on Feb 10 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Generalized Carcinomatosis of Abdomen	4 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Done Gas Atrial
Of autopsy

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 J. B. Brays (M. D. or other) M.D.
Address 408 Argyle Date signed 11 Feb

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.