

S. No. 2
M-5-43
7. 5-17-39
I X36671

FILED MAY 2 1946

Registration District No. 92

Primary Registration District No. 8289

State File No. _____

Registrar's No. 39

1. PLACE OF DEATH:

(a) County CLAY

(b) City or town N. Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Rt. #5 Hwy 69
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Minn. (b) County 991

(c) City or town St. Paul
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Esther Sarah STRAUSS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color of race White

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

6. (b) Name of husband or wife Louis Meyer Strauss

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

7. Birth date of deceased 1885
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7
year 1946 hour 2 minute 30 AM.

21. I hereby certify that I attended the deceased from Nov
1945 to April 7 1946
that I last saw her alive on April 5 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Common Bill Oct 2 yrs

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 61 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Forman

{ 13. Birthplace Lithuania
(City, town, or county) (State or foreign country)

{ 14. Maiden name Unknown

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

16. (a) Informant Mrs A. Burnstein

(b) Address Rt. #5, N Kansas City

17. (a) Removal (b) Date thereof April 7, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul, Minn.

18. (a) Signature of funeral director Louis Funeral Home

(b) Address 3400 Woodland Ave., K.C. Mo.

19. (a) Apr 7 1946 (b) Beulah Kitcher
(Date received local registrar) (Registrar's signature)

Major findings: _____

Of operations _____

Of autopsy _____

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)

(c) Means of injury _____

23. Signature N.R. Schulmacher (M. D. or other) M.D.
Address Liberty Mo Date signed 4-7-46

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

11511

603

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

5-2-46

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. A. Legan

Licensed Embalmer No. 3979

P. O. Address *H. C. M.*

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.