

Registration District No. **FILED JUN 20 1946**

Primary Registration District No. 1002

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 3 Weeks
In this community 20 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. 4622 Chestnut
(If rural, give location)
(e) Citizen of foreign country? unknown (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Anna Abramson

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 John Abramson

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

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

8. AGE: Years 73 Months Days If less than one day
hr. min.

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

10. Usual occupation House wife

11. Industry or business

12. Name William Goldfinck

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

14. Maiden name Bessie
Russia

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

16. (a) Informant Joseph Abramson

(b) Address 4622 Chestnut, K. C., Mo.

17. (a) Burial (b) Date thereof 6-9-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheffield Cemetery

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

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

19. (a) 6-8-46 (b) Theraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7th
year 1946 hour 3:30 minute P M.

21. I hereby certify that I attended the deceased from May 1st
1946 to June 7th, 1946
that I last saw her alive on June 7th, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Cardiac Decompensation
following Coronary Thrombosis
Due to chronic myocarditis
Cholelithiasis
Due to gall stones

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

Major findings: Cholecystectomy
Of operations
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?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Joseph Beletown (M. D. or other) MD
Address 1219 Kaults Bldg Date signed 6-8-46

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

MOTHER FATHER

Dr. Peterson

SEP 3 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. Q. Regan*
Licensed Embalmer No..... *3977*
P. O. Address..... *KC 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.