

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

DEPARTMENT OF COMMERCE - U.S. THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

20130

FILED JUL 2 1946

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2710

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 7 weeks
(Specify whether years, months or days)

In this community 39 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

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

(d) Street No. 3312 Askew 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Sarah Aitman

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH Month JULIE day 15 year 1946 hour 3:30 minute 0 M. PM

21. I hereby certify that I attended the deceased from June 15 1946 to June 15 1946 that I last saw her alive on June 15 1946 and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife Abraham

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

7. Birth date of deceased August 10, 1877
(Month) (Day) (Year)

Immediate cause of death Acute cardiac failure

Due to Coronary & myocardial disease

Due to Senility Artherosclerosis

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

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

68 10 5 hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Oscar Kaltenoff

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

{ 14. Maiden name Hannah

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

Major findings: Of operations g3d

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Dora Fryzer

(b) Address 3312 Askew

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? Home

17. (a) burial (b) Date thereof 6-16-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheffield

23. Signature L. M. Pappas (M. D. or other) MD

Address 1300 Date signed 6-19-46

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

(b) Address K. C. Mo.

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

(Licensed Embalmer's Statement on Reverse Side)

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

10093

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. 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.