S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21170

FILED JUL 3 1947

Registration District No. ..... 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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 months (Specify whether
In this community 26 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. 300 E. Armour 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Louis Rothschild

3. (b) If veteran, name war World War 1

3. (c) Social Security No. 486-01-9637

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Mollye

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased December (Month) 23, (Day) 1886 (Year)

8. AGE:	Years	Months	Days	If less than one day
	60	5	28 13	hr. min.

9. Birthplace Rochester (City, town, or county) New York (State or foreign country)

10. Usual occupation credit manager

11. Industry or business Union Clothing Co.

12. Name Rothschild

13. Birthplace (City, town, or county) Germany (State or foreign country) 4

14. Maiden name unknown

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

16. (a) Informant Mrs. Mollye Rothschild

(b) Address 300 E. Armour

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-22-47 (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill

18. (a) Signature of funeral director Carroll- Davidson

(b) Address 3024 Troost

19. (a) 6-24-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MOTHER FATHER

Con Sig at 8-27-47 Hellen Stotts

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21st year 1947 hour minute M.

21. I hereby certify that I attended the deceased from 10-8-45 ....., 19....., to 6-21- ....., 1947; that I last saw him alive on June 21 ....., 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death metastatic carcinoma	
Due to carcinoma of colon	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 46 e

Of autopsy none

PHYSICIAN

Underline the cause of 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. G. Montgomery (M. D.)

Address 1332 Prof. Bldg. Date signed 6-26-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

OCT 2 1957

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.

WRITE PLAINLY—USE UNFADING INK

(City, town, or county) (State or foreign country)

10. Usual occupation: Credit Manager

11. Industry or business: Union Clothing Co

MOTHER FATHER

12. Name: Rothschild

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

14. Maiden name: Unknown

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

16. (a) Informant: Mrs Molly Rothschild

(b) Address: 300 E. Armour

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof: June 22-47 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~: Rose Hill Cemetery

18. (a) Signature of funeral director: Carroll-Davidson

(b) Address: 3024 Troost, K.C. Mo

19. (a) 6-24-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

Other conditions: Colon
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Yes

Of autopsy: No

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: [illegible] (M. D. ~~or other~~)

Address: [illegible] Date signed: 6/19/47

(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 Julian K. Gordon

Licensed Embalmer No. 1168

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Jackson }

State File No. 21170
Local Registrar's No. 2710

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 9th day of July, 1947, before me appears Dr. J. G. Montgomery, who, upon his oath, states that the original record of ~~birth~~ ~~death~~ death for Louis Rothschild died ~~born~~ June 21, 1947, in the State of Missouri, and which was filed at Kansas City on 6-24, 1947 should be corrected as follows:

Item No. 20 should read June 21, 1947
Instead of June 6, 1947

Item No. 21 should read from Oct. 8, 1945 to June 21, 1947 last saw him alive on " 21, 1947
Instead of Oct. 8, 1945 to June 6, 1947 — June 6, 1947

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

X Affiant J G Montgomery M.D.
Relationship.

1332 Prof. Bldg.
Present Address.

Subscribed and sworn to before me this 10 day of July, 1947

My Commission expires January 27, 1950

V. M. Seiter
Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
I X36667

S-(2)21190

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo. } ss.
County of Jackson }

State File No. 2117.0
Local Registrar's No. 3710

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 9th day of July, 1947, before me appears Mrs. Mollye Rothschild, who, upon her oath, states that the original record of ~~birth~~ death for Louis Rothschild, ~~born~~ died June 21, 1947, in the State of Missouri, and which was filed at Kansas City on 6-24, 1947 should be corrected as follows:

Item No. 8 should read 60 yrs. 5 mos. 28 days.
Instead of 60 " 5 " 13 "

Item No. 16 (a) should read Mrs. Mollye Rothschild
Instead of " Mollie "

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mollye Rothschild
Relationship. wife

Park Central Hotel
Present Address.

Subscribed and sworn to before me this 9th day of July, 1947.

My Commission expires Oct. 20. 1947 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
I X38667

S-(2) 27 70