

S. No. 300  
DM-10-47  
Rev. 5-17-39  
I 3906

FILED JUN 19 1948  
Registration District No. **149**

Primary Registration District No. **1002**

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

**1. PLACE OF DEATH:**

(a) County Jackson

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

(c) Name of hospital or institution: Memorial Hosp. O  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo.  
In this community 62 yrs  
years, months or days (Specify whether)

**3. (a) PRINT FULL NAME** GRANT, I. ROSENZWEIG

3. (b) If veteran, name war V no

3. (c) Social Security No. None

4. Sex MO

5. Color or race W

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

6. (b) Name of husband or wife Matilda Rozenzweig

6. (c) Age of husband or wife if alive None years

7. Birth date of deceased: Sept. 13 1885  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>8-2</u>	<u>8</u>	<u>21</u>	hr. min.

**9. Birthplace** Erie Pa.  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Lawyer

**MOTHER FATHER:**

11. Industry or business

12. Name Gouis Rozenzweig

13. Birthplace Pa. 1  
(City, town, or county) (State or foreign country)

14. Maiden name Vukran

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

**16. (a) Informant** Mrs. Nellie Knapp

(b) Address 3350 Gilman Rd.

**17. (a) Burial** Cremation (b) Date thereof 6/8/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Elmwood Cem.

**18. (a) Signature of funeral director** Harold Parden

(b) Address 3024 Grand St.

**19. (c) 6-7-48** Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MO. (b) County Jackson **48**

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

(d) Street No. Belleve Hotel **8**  
(If rural, give location)

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

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month June day 6<sup>th</sup>  
year 1948 hour 11:45 minute am M.

**21. I hereby certify that I attended the deceased from** April  
1947, to June 6<sup>th</sup> 1948.

that I last saw him alive on June 6<sup>th</sup> 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Primary Sarcoma of left testis with metastases (generalized) Duration

Due to re-determined

Due to 51C

Other conditions (Include pregnancy within 3 months of death) 51C

**Major findings:** Sarcoma of Esophagus **PHYSICIAN**  
Of operations glands removed by excision  
Of autopsy

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 road

**23. Signature** Mrs. Saracina (M. D. or other)

Address 1618 Park Bldg. Date signed 6-7-48

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**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 Kathryn E. Davidson

Licensed Embalmer No. 3648

P. O. Address K. 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.**