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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 18 1948

Registration District No. 749

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 29979

Registrar's No. 3636

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 1 HR (Specify whether
In this community unknown.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County JACKSON 48

(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 4555 MAIN
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Spicer, Celia

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced 3

6. (b) Name of husband or wife MORRIS

6. (c) Age of husband or wife if alive APPROX 60 years

7. Birth date of deceased JULY (Month) — (Day) 1884 (Year)

8. AGE: Years	Months	Days	If less than one day
64	2	-	hr. min.

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

10. Usual occupation SALESLADY

11. Industry or business (SAM RICHMAN) DRESS

FATHER
12. Name ISAAC KOSOVITZ
13. Birthplace (City, town, or county) RUSSIA (State or foreign country)

MOTHER
14. Maiden name NESSIE WIGODNER
15. Birthplace (City, town, or county) RUSSIA (State or foreign country)

16. (a) Informant I. A. KOSOVITZ
(b) Address K.C. MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation SHEFFIELD

18. (a) Signature of funeral director J. P. LOVIS FUNERAL HOME
(b) Address 3400 WOODLAND AVE. K.C. MO.

19. (a) 9-6-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 30 day 4
year 48 hour 9 minute P M.

21. I hereby certify that I attended the deceased from about 8 yrs, 19__, to 9-4, 1948
that I last saw her alive on 9-4, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Arteriosclerosis

Due to

Other conditions Gall stones.
(Include pregnancy within 3 months of death)

Major findings:
Of operations 94a
Of autopsy

Duration

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 Fred Drury (M. D. or other) M.D.
Address K.C. Mo. Date signed

(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.....A. L. Louis.....

Licensed Embalmer No.....3110.....

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.