

No. 308
-10-47
-5-17-39
PI 3906

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

33085
State File No. _____
3929
Registrar's No. _____

FILED NOV 4 1948, 149
Registration District No. _____

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 Kansas City
(c) Name of hospital or institution: Menorah
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 minutes
In this community 20 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3437 Paseo
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country XX

3. (a) PRINT FULL NAME Ruth Schwartz
3. (b) If veteran, name war XX 3. (c) Social Security No. XX
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Paul 6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased unknown
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 9 day 20
year 48 hour 1:40 minute P M.
21. I hereby certify that I attended the deceased from Sept. 25, 1948, to Sept. 25, 1948, that I last saw her alive on Sept. 25, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration _____
Due to Arteriosclerosis
Due to Senility
Other conditions degenerat. Myocarditis
(Include pregnancy within 3 months of death)

8. AGE: Years approx 85 Months XX Days _____ If less than one day hr. _____ min. _____
9. Birthplace Russia
(City, town, or county) (State or foreign country)
10. Usual occupation None

Major findings: Of operations _____
Of autopsy 93d
Underline the cause to which death should be charged statistically.

11. Industry or business XX
12. Name Pina Kotler
13. Birthplace Russia
(City, town, or county) (State or foreign country)
14. Maiden name Chasa (unknown)
15. Birthplace Russia
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Lena Masserman
(b) Address 3437 Paseo
17. (a) Burial (b) Date thereof 9-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sheffield

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? _____

18. (a) Signature of funeral director J. P. Louis Funeral Home
(b) Address 3400 Woodland Ave. K. C. Mo.
19. (a) 9-27-48 (b) Meraldine Holmes
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature M. J. Sheffield (M. D. or other) _____
Address 1115 Grand, K.C. Mo Date signed 9/25/48

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.....

Joseph M McCarthy

Registered Apprentice No. *275*

working under my personal supervision.

Signed *Guy Buffington*

Licensed Embalmer No. *2756*

P. O. Address *NC 760*

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.