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FILED NOV 6 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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 5 hours
(Specify whether years, months or days)

In this community 26 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Eunice Weiner

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

4. Sex female / 5. Color or race white

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

6. (b) Name of husband or wife Max

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased unknown
(Month) (Day) (Year)

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

60 hr. min.

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

10. Usual occupation Housewife

11. Industry or business XX

MOTHER FATHER

12. Name Yersha Leibowitz

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

14. Maiden name Hannah Zlotky

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

16. (a) Informant Max Weiner

(b) Address 42 4120 Paseo

17. (a) Burial (b) Date thereof 10-20-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheffield

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

(b) Address 3400 Woodland Ave., K. C. Mo.

19. (a) 10-20-48 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 4120 Paseo
(If rural, give location) 5

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

If yes, name country XX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 18
year 1948 hour 6 minute 10 p.m.

21. I hereby certify that I attended the deceased from 10-18-48 19 to 10-18-48 19
that I last saw her alive on 10-18-48 19
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Coronary Infarct

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death) 940

Major findings:
Of operations _____

Of autopsy _____

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? _____

While at work? Paul Moss (Specify type of place) (e) Means of injury 0

23. Signature Paul Moss M.D. (M. D. or other)

Address 1112 Bryan St. Bldg Date signed 10/20/48

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

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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.....

Joseph M. Mc Carthy, Registered Apprentice No. 275
working under my personal supervision.

Signed Guy Buffington
Licensed Embalmer No. 2756
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.