

No. 2
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-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36404
Registrar's No. 4398

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: General Hospital No. 1
(d) Length of stay: In hospital or institution 6 days
In this community 36 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 4400 St. John
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME (Lizzie) Brodsky, Elizabeth
(b) If veteran, name war XX
(c) Social Security No. XX

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 27
year 1948 hour 4 minute A. M.

4. Sex Female Color or race White
5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
(b) Name of husband or wife Henry
(c) Age of husband or wife if alive XX years
7. Birth date of deceased October 10 1948 1878

21. I hereby certify that I attended the deceased from Oct. 21 1948 to Oct. 27 1948
that I last saw her alive on Oct. 27 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 70 Months x Days 15

Immediate cause of death uremia on basis chronic glomerulonephritis and aggravated by polycythemia vera and pernicious anemia
Due to polycythemia vera and pernicious anemia

9. Birthplace Chicago Ill.

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings: Of operations

11. Industry or business XX

Of autopsy See above

12. Name Isadore Brilliant

13. Birthplace Roumania

14. Maiden name Anna (unknown)

15. Birthplace Roumania

16. (a) Informant Mrs. Minnie Dlogoff

(b) Address 620 East 40th St.

17. (a) Burial (b) Date thereof 10-29-48

(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.

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Wm. W. Hart
Address Med. Dir. Gen'l Hosp.
Date signed 10-27-48

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

MOTHER FATHER

Dr. Barrett

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. M. O'Carthy....., Registered Apprentice No. *275*
working under my personal supervision.

Signed *Grey Buffington*.....
Licensed Embalmer No. *2756*
P. O. Address *KC 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.