

FILED JAN 8 1949
 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 **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3717 Tracy
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **49 yrs.**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Helen Gottlieb Adler**
 3. (b) If veteran, name war **NO**
 3. (c) Social Security No. **NO**
 4. Sex **F** / 5. Color or race **W**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Isadore A. Adler**
 6. (c) Age of husband or wife if alive **73** years
 7. Birth date of deceased **July 4th 1877**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	5	16	hr. min.

9. Birthplace **Ft. Scott Kans.**
(City, town, or county) (State or foreign country)
 10. Usual occupation **Housewife**

11. Industry or business
 12. Name **Jacob Gottlieb**
 13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
 14. Maiden name **Ida Daus**
 15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **I. A. Adler**
 (b) Address **3717 Tracy**
 17. (a) **Entombment** (b) Date thereof **7/22/48**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Ross Hill Maus. Carroll-Davidson**
 18. (a) Signature of funeral director **3024 Troost**
 (b) Address
 19. (a) **12-24-48** (b) **Stualline Holmes**
(Date received local registrar) (Registrar's signature)

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. **3717 Tracy**
(If rural, give location)
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **12** day **20**
 year **1948** hour **7** minute **15P.**
 21. I hereby certify that I attended the deceased from **12/20** 19**48** to **12/20** 19**48**
 that I last saw h. or alive on **12/20** 19**48**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis**
 Duration **25 min**
 Due to **Coronary artery disease** ?
 Due to **Arteriosclerosis** ?
 Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: Of operations **g/n**
 Of autopsy

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?
Walter P. Jacobs
 While at work (Specify type of place) (c) Means of injury
 23. Signature **Walter P. Jacobs** (M. D. of **Mo.**)
 Address **220 Bryant Hwy** Date signed **12/21/48**

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Julian K. Davidson
.....
Licensed Embalmer No. *1168*
.....

P. O. Address.....

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.