

FILED MAR 26 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8263

8263  
908

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3636 Askew		d. STREET ADDRESS (If rural, give location) 3636 Askew	

3. NAME OF DECEASED (Type or Print) a. (First) Fannie	b. (Middle)	c. (Last) Bernstein	4. DATE OF DEATH (Month) (Day) (Year) 2 26 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Unknown	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Poland 4	12. CITIZEN OF WHAT COUNTRY? Yes, Poland
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13a. FATHER'S NAME Yehuda Leab Goldstein	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Meyer
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Meyer Bernstein	ADDRESS 3636 Askew K.C., Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 2 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) coronary sclerosis		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. chronic arthritis 2 yrs.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Feb. 23, 1949, to Feb. 26, 1949, that I last saw the deceased alive on Feb. 23, 1949, and that death occurred at 8:25 P. m., from the causes and on the date stated above.

23a. SIGNATURE Joseph Getelson (Degree or title) Joseph Getelson M.D.	23b. ADDRESS 1219 Realto Bldg.	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/27/1949	24c. NAME OF CEMETERY OR CREMATORY Sheffield Cemetery	24d. LOCATION (City, town, or county) (State) K.C. Mo.
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DATE REC'D BY LOCAL REG. 2-27-49	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE J.P. Louis Funeral Home, K.C., Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Guy Buffington*

Licensed Embalmer No. \_\_\_\_\_

*2756*

Signed \_\_\_\_\_

Student Embalmer

P. O. Address \_\_\_\_\_

*K. S. 710*

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.