

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 2 1950

State File No.

3535

BIRTH NO. _____ REG. DIST. NO. 147 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) KANSAS CITY

c. CITY (If outside corporate limits, write RURAL and give township)
OR TOWN Kansas City

d. FULL NAME OF HOSPITAL OR INSTITUTION Menorah Hospital

d. STREET ADDRESS (If rural, give location)
4241 So. Benton 3011

3. NAME OF DECEASED
a. (First) Bertha b. (Middle) Wacknow c. (Last) _____

4. DATE OF DEATH (Month) (Day) (Year)
8 17 50

5. SEX Fe

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 1871

9. AGE (In years last birthday) 79
UNDER 1 YEAR: Months _____ Days _____ # UNDER 1 HR. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY 2

11. BIRTHPLACE (State or foreign country) Russia 6

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Victor Katz

13b. MOTHER'S MAIDEN NAME Esther

14. NAME OF HUSBAND OR WIFE David Wacknow

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 ADDRESS
Alex. Wacknow, 640 N. 56th

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia

INTERVAL BETWEEN ONSET AND DEATH
3 days

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

491 N

DUE TO (b) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Tuberculosis, Abscess of Lumbar Spine

12 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1950, to Aug 17, 1950, that I last saw the deceased alive on Aug 16, 1950, and that death occurred at 5:02 a.m., from the causes and on the date stated above.

23a. SIGNATURE Jack W. Wolf (Degree or title)

23b. ADDRESS 206 Argyle Bldg Kansas City, Mo

23c. DATE SIGNED Aug 17-50

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE Aug 18 50

24c. NAME OF CEMETERY OR CREMATORY Mt Carmel

24d. LOCATION (City, town, or county) (State) K.C. Mo.

DATE REC'D BY LOCAL REG. 8-17-50

REGISTRAR'S SIGNATURE Stwaldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Louis Funeral Home K.C. Mo

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

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.