

FILED JUN 9 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

2353

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 2353	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>12 yrs</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3526 WALNUT STREET HAVER MANOR NURSING HOME</u>				STREET ADDRESS (If rural, give location) <u>1025 West 64th Terrace #858</u>			
3. NAME OF DECEASED (Type or Print) <u>ISAAC</u>		a. (First)		b. (Middle)		c. (Last) <u>Rothschild</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JAN. 19, 1898</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED - 10 YEARS</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Scrap Iron</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ELMIRA, NEW YORK</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>HARRY ROTHSCHILD</u>			13b. MOTHER'S MAIDEN NAME <u>FANNIE LEVY</u>			14. NAME OF HUSBAND OR WIFE (1944) <u>JENNIE ROTHSCHILD</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>491-01-1328</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. H. J. WITSCHNER - 1025 WEST 64th TERRACE KANSAS CITY, MISSOURI</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>? Myocardial Infarct</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis - severe</u> DUE TO (c) <u>diabetes.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u>  <u>years</u>  <u>2604</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>FEB. 21, 1950</u> , to <u>MAY 23, 1954</u> , that I last saw the deceased alive on <u>May 21, 1954</u> and that death occurred at <u>1:10 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Harry Statland</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>1406 Bryant Bldg., K.C., Mo</u>		23c. DATE SIGNED <u>5-24-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>ENTOMBMENT</u>		24b. DATE <u>MAY 24, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ROSE HILL MAUSOLEUM</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>5-24-54</u>		REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. J. WITSCHEK 1331 BRYANT STREET KANSAS CITY, MISSOURI</u>			

(Licensed Embalmer's Statement on Reverse Side)

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..

Student.....  
Signature of Student Embalmer

Signed..... *Chester K. Brown*

Licensed Embalmer No. *49*

P. O. Address *1097*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.