

STANDARD CERTIFICATE OF DEATH

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

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| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</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>40 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>Memorial</u> | | e. STREET ADDRESS (If rural, give location) <u>2739 Benton</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Annie</u> | | b. (Middle) | | c. (Last) <u>Solomon</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>6-18-54</u> | | | | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W.</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>4-19-81</u> | | 9. AGE (In years last birthday) <u>73</u> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | IF UNDER 1 HRS. Hours | IF UNDER 15 MIN. Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY | | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Rumania</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | |

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| 13a. FATHER'S NAME <u>Simon Singer</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Joe</u> | |
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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) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Joe Solomon</u> | | ADDRESS <u>Home</u> | |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Primary carcinoma of gall bladder</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 mos</u> | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cholelithiasis</u> | | | | <u>20 years</u> | |
| | | DUE TO (c) <u>jaundice (obstructive)</u> | | | | <u>6 mos</u> | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1554</u> | | | | | |

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| 19a. DATE OF OPERATION <u>1-19-54</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>Large Obstructive Stone & Carcinoma</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>Kansas City Jackson Mo</u> | |
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| 21d. TIME OF INJURY | | 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 Dec 15, 1953, to June 18, 1954 that I last saw the deceased alive on June 18th, 1954, and that death occurred at 10³⁰ Am., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Joseph Getelson M.D.</u> | | 23b. ADDRESS <u>1220 Rialto Bldg</u> | | 23c. DATE SIGNED <u>6-19-54</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>6-20-54</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Sheffield's</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u> | |
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| DATE REC'D BY LOCAL REG. <u>6-22-54</u> | | REGISTRAR'S SIGNATURE <u>Steraldine Smith</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis Fuel Home</u> | | ADDRESS <u>K.C. Mo.</u> | |
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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..

Student
Signature of Student Embalmer

Signed *Ray Buffington*

Licensed Embalmer No. 2757

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.