WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

8513

File No.

Registered No. 1194

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No.
City Kansas City (No. 3736 Brooklyn St. 1002 Ward)

2. FULL NAME Rose Dolgenow
(a) Residence, No. 3736 Brooklyn St., 13 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? 21 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louis Dolgenow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Not known

7. AGE: Years 58 | Months - | Days - | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home 235
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia 22

FATHER
13. NAME Louis Cohen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

MOTHER
15. MAIDEN NAME Gussie- ---
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

17. INFORMANT Louis Dolgenow
(ADDRESS) 3736 Brooklyn

18. BURIAL, CREMATION, OR REMOVAL
PLACE Blue Ridge Cem DATE 4-16-32

19. UNDERTAKER J.P.Louis Funeral Home
(ADDRESS) Kansas City, Mo.

20. FILED 3/16, 1932 M M Crowe asst. Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-16-32, 19

22. I HEREBY CERTIFY, That I attended deceased from October 20, 1931, to March 16, 1932.
I last saw her alive on March 15, 1932. Death is said to have occurred on the date stated above, at 5.30a m.
The principal cause of death and related causes of importance were as follows:

Sarcoma of Kidney — Date of onset July 1931
53A
53H
53D 530

Other contributory causes of importance: metastatic involvement of vertebrae — Dec 1931

Name of operation none Date of
What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) George Rungl, M. D.
(Address) 518 Commerce Bldg