

REC'D MAY 9 1938

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

13460
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002 Registered No. 1440
(c) City Kansas City (d) Street No. Menorah Hosp. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Tillie Dreiseszun 67.21
(a) Residence, No. 4327 Walnut St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 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 Nathan Dreiseszun
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 5, 1899
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 38 6 27
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as 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
13. NAME Harry Kacherov
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia
15. MAIDEN NAME Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known
17. INFORMANT (ADDRESS) Nathan Dreiseszun City
18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge Cem. DATE 3-4-1938
19. FUNERAL DIRECTOR J. Davis & Co. No. 1719 Rialto Bldg.
(ADDRESS) Apr 4, 1938
20. FILED Apr 4, 1938 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2nd, 1938
22. I HEREBY CERTIFY, That I attended deceased from March 25, 1938, to April 2nd, 1938
I last saw him alive on April 2nd, 1938. Death is said to have occurred on the date stated above, at 8:30 p.m.
The principal cause of death and related causes of importance were as follows:
Edema of Lungs
Acute Nephritis
Date of onset 54h
Other contributory causes of importance:
Hypertension for
urine fibrin
Name of operation Hypertomy Date of 3-27-38
What test confirmed diagnosis? Biopsy Was there an autopsy? Yes
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
Specify Joseph Ketchum, M. D.
(Signed) 1719 Rialto Bldg.
(Address)

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

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.)