

JAN 1 3 1938

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

42038
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township New Primary Registration District No. 100
(c) City Kansas City (d) Street No. Memorial Hosp. Registered No. 5104
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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

320 Lillian Katz
(a) Residence, No. 2907 Winwood Blvd. 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 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 Max Katz
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
7. AGE YEARS 58 MONTHS _____ DAYS _____ IF LESS than 1 day, _____ hrs. or _____ min.
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) Poland
13. NAME Simon Simon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland
15. MAIDEN NAME Ella — unk
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland
17. INFORMANT Alice Katz (ADDRESS) 2907 Winwood
18. BURIAL, CREMATION, OR REMOVAL PLACE Shelfield Cem. DATE 12-30-38
19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. P. Louis Funeral Home
K.C. Mo
20. FILED Dec 30 38 M. M. Crome Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-28-1938
22. I HEREBY CERTIFY, That I attended deceased from 12:24 1938, to 12:25 1938
I last saw her alive on 12-28 1938. Death is said to have occurred on the date stated above, at 1:20 P.M.
The principal cause of death and related causes of importance were as follows:
Carcinoma Stomach Date of onset (?)
46
Other contributory causes of importance:
Hydropic Gall Bladder 10 days
Obstructive Jaundice
Chronic Malignant Cholecystitis Date of 1-20-38
Name of operation operation 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
(Signed) C. J. Bldg., M. D.
(Address) C. J. Bldg.

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

1 X14623

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.

Prot. Bldg.

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

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.