

REC'D FEB 20 1939

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
996
Do not use this space.

9

1. PLACE OF DEATH

 (a) County Jackson Registration District No. _____
 (b) Township Kan Primary Registration District No. _____
 (c) City Kansas City (d) Street No. 2305 F 28th 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

 (a) Residence, No. 2305 F 28th St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>♀</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Louis Lieberman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Not Known</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>-</u>	DAYS <u>-</u>
If LESS than 1 day,hrs. ormin.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>At Home</u>	
	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	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u> <u>RUSSTIA</u>	
	13. NAME <u>Not Known</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russian</u> <u>Not Known</u>	
MOTHER	15. MAIDEN NAME <u>Not Known</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russian</u> <u>Not Known</u>	
	17. INFORMANT (ADDRESS) <u>Mrs. B. Lieberman</u> <u>2305 F 28th</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sheffield Cem</u> DATE <u>Jan 2, 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>J. P. Louis Funeral Home</u> <u>3400 Wood</u>		
20. FILED <u>Jan 2, 1939</u> <u>M. A. Crome</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1938, to Jan 2, 1939

I last saw her alive on Jan 2, 1938, 19.38 Death is said to have occurred on the date stated above, at 9⁰⁰ a. m.

The principal cause of death and related causes of importance were as follows:
cardiac decompensation

Date of onset Dec 24, 1938

Other contributory causes of importance:
arteriosclerotic myocarditis
arteriosclerotic hypertension

Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? NO 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
so, specify _____

(Signed) L. H. Pollock M. D.
(Address) 1314 Bryant Bldg
16th St

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.