

REC'D FEB 20 1939

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

1001

Do not use this space.

1. PLACE OF DEATH

(a) County, Jackson Registration District No. _____
 (b) Township, Kan Primary Registration District No. _____ Registered No. 14
 (c) City, Kansas City (d) Street No. Menopah 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

139 Sophia Duvitsky
 (a) Residence, No. 2110 Olive 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 Morris Duvitsky

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
55 - - -

OCCUPATION 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 1FATHER 13. NAME Not Known 914. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known 9MOTHER 15. MAIDEN NAME Not Known16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known17. INFORMANT (ADDRESS) Morris Duvitsky
K. C., Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Shelby Cem. DATE Jan 4, 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) J. P. Phovis Funeral Home
City of Mo.20. FILED Jan 3, 1939 W. McNamee
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-3-193922. I HEREBY CERTIFY, That I attended deceased from 1-1, 1939, to 1-3, 1939I last saw her alive on 1-2, 1939 Death is said to have occurred on the date stated above, at 2 A. m.

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

Uremia
Chronic Vascular Nephritis
Hypertension 59
 Date of onset Dec 38
 ?
 ?

Other contributory causes of importance:

Diabetes Mellitus ?

Name of operation _____ Date of _____

What test confirmed diagnosis? APN g. 186 Was there an autopsy? No23. 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) Jack W. Gray, M. D.(Address) 620 Angell Bldg.

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 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.