

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

1083
 Do not use this space.

REC'D FEB 20 1939

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kan Primary Registration District No. 1009 Registered No. 96
 (c) City Kansas City (d) Street No. Memorial Hospital 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. 712 West 48th 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 9, 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Grossman

22. I HEREBY CERTIFY That I attended deceased from Dec 24 1938 to Jan 9 1939
 I last saw her alive on Jan 3 1939 Death is said to have occurred on the date stated above, at 1:30 p. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 19, 1883
 7. AGE YEARS 55 MONTHS 20 DAYS 20 IF LESS than 1 day, hrs. or min.

The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia involving both lungs.
 Date of onset 10/10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
 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

Other contributory causes of importance:
 Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? no

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

FATHER 13. NAME Joseph Patis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

MOTHER 15. MAIDEN NAME Julia Pollak

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

17. INFORMANT (NAME) (ADDRESS) Wilton Grossman
712 W. 48th St

18. BURIAL, CREMATION, OR REMOVAL PLACE Cleveland, Ohio DATE Jan 9 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Carroll Davidson
3024 Troost

20. FILED Jan 9 1939 M. M. Brown Local Registrar.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury
 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?
 If so, specify
 (Signed) J. H. Hays, M. D.
 (Address) 306 E 12

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

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.