

REC'D MAY 10 1939

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

13864

Do not use this space.

Registered No. 1618

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 3001 Indiana 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

251 Clara Rosenblum
 (a) Residence, No. 3001 Indiana 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Rosenblum

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
79

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 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) Russia13. NAME Abraham Omansky14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia15. MAIDEN NAME Rose -- Unk16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia17. INFORMANT Mrs. Sam Friedman
(ADDRESS) 3001 Indiana18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Carmel DATE 4 - 17 - 193919. FUNERAL DIRECTOR (NAME) J. P. Louis Funeral Home
(ADDRESS) 3400 Woodland K. C. Mo.20. FILED Apr 17 1939 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4 - 16 - 1939

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1938, 19..... to April 16, 1939, 19.....
 I last saw him alive on April 15, 1939, 19..... Death is said to have occurred on the date stated above, at 1:16 P. m.
 The principal cause of death and related causes of importance were as follows:

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

Date of onset

Hypertension with hypertensive heart disease 9510

Other contributory causes of importance:

Cerebral hemorrhage

Name of operation..... Date of.....
 What test confirmed diagnosis? Clinical 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?
 If so, specify.....

(Signed) Charles Wolfe M. D.(Address) Prof. W. J. C. Jones

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.