

1939 JUL 14 1939

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

21874
Do not use this space.

1. PLACE OF DEATH

(a) County Saline 3 Registration District No. 198
(b) Township Franklin 2 Primary Registration District No. 3011 Registered No. 92
(c) City Excelsior Springs (d) Street No. _____ 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. 10 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 2047 No. 19th St. St. OMAHA NEBR.
(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 MALE 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 FANNY ROSEN

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
57. Prva

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. TUNK DEALER

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) May 10 - 1939 11. Total time (years) spent in this occupation 20 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RUSSIA 7

13. NAME CHIAM ROSEN 7

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RUSSIA 7

15. MAIDEN NAME CHANNA SOREK

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

17. INFORMANT BEN ROSEN
(ADDRESS) 2047 No 19th St. OMAHA NEBR

18. BURIAL, CREMATION, OR REMOVAL
PLACE OMAHA DATE June 26th 1939

19. FUNERAL DIRECTOR (NAME) H. Fishman Sons
(ADDRESS) 2738 Prospect Kansas City Mo

20. FILED June 28 1939 Mrs. Bea McMillan
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/26 1939

22. I HEREBY CERTIFY, That I attended deceased from 6/6, 1939, to 6/26, 1939

I last saw him alive on 6/26, 1939. Death is said to have occurred on the date stated above, at 3:29 m.

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

Cerebral Apoplexy
g.p.

Other contributory causes of importance:
Hypostatic pneumonia

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

(Signed) David S. McGrath M. D.
(Address) Excelsior Springs Mo

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.

THIS IS A PERMANENT RECORD

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RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7/11/39

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.