

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.

SEP 21 1939

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

30465
Do not use this space.

1. PLACE OF DEATH:
 (a) County Wenonah Registration District No. 875
 (b) Township Washington Primary Registration District No. 6162
 (c) City or City (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred 0 yrs. 11 mos. 13 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Sarah Zelda Horowitz
 (a) Residence, No. 5138 Chestnut Kansas City 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 O.K.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April - 1864

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>75</u>	<u>4</u>	<u>Dr.</u>	

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

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) Minsh - Russia

FATHER

13. NAME Julius Kaplan

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

MOTHER

15. MAIDEN NAME Bugarski

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Minsh Poland

17. INFORMANT (ADDRESS) Polop. Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Sheffield Cong DATE AUG. 31 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J.P. LOUIS FUNERAL HOME KANSAS CITY, MO

20. FILED 8-30 1939 Allen & Hays Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1938, to Aug. 30, 1939
 I last saw her alive on Aug. 28, 1939. Death is said to have occurred on the date stated above, at 12 PM.
 The principal cause of death and related causes of importance were as follows:
Chr. degenerative myocarditis
Generalized arteriosclerosis
Agitated senile psychosis
 Other contributory causes of importance: 93C

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) William J. Conroy M. D.
79 (Address) Merapa Mo

RECEIVED

District Health Officer No. 7,

District File Number 1-39-1768

Date Filed 9-5-39

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.