S. No. 2
—11-10-39
. 5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9598

MIL APR 12 1940

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 1032

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5241 Lydia (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community About 15 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City (If outside city or town limits write "RURAL")

(d) Street No. 5241 Lydia (If rural, give location)

(e) If foreign born, how long in U. S. A.? About 17 Years years.

3. (a) PRINT FULL NAME Fruma Friedman 635

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Sherrill Friedman

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 24 (Day) 1877 (Year)

8. AGE: Years 62 Months 9 Days 11 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Russia (State or foreign country)

10. Usual occupation Home duties

11. Industry or business

FATHER
12. Name Joseph Levaut
13. Birthplace Unknown (City, town, or county) Russia (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Russia (State or foreign country)

16. (a) Informant Morris Friedman

(b) Address 5241 Lydia, K. C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-6-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge

18. (a) Signature of funeral director J. P. Louis Funeral Home

(b) Address 3400 Woodland, K. C. Mo.

19. (a) Mch 6, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th year 1940 hour 6:15 minute A M.

21. I hereby certify that I attended the deceased from Nov. 14, 1939, 19 to III/5/40, 19; that I last saw her alive on III/4/40, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Weakness of heart

metastatic

Due to cancer of lung.

(primary cancer:

Due to Breast 50

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature W. Rob. Wilmington (M. D. or other)

Address Bryant Bldg Date signed III/5/40

(Licensed Embalmer's Statement on Reverse Side)

Dr. Ullman
Bryant Bg
1104 Grand

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 Bert Regan

Licensed Embalmer No. 3979

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.