No. 2
1-10-39
-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13922

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1634

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

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: 4138 Euclid 2
(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 35 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. 4138 Euclid
(If rural, give location)

(e) If foreign born, how long in U. S. A.? About 35 Years years.

3. (a) PRINT FULL NAME Joseph Rosenblum 251

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lena Rosenblum

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased January (Month) 1 (Day) 1867 (Year)

8. AGE:

Years	Months	Days	If less than one day
73	4	14	hr. min.

9. Birthplace (City, town, or county) Poland 7 (State or foreign country)

10. Usual occupation Baker

11. Industry or business 7

FATHER
12. Name Louis Rosenblum
13. Birthplace (City, town, or county) Poland 7 (State or foreign country)

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

16. (a) Informant Louis Rosenblum
(b) Address 3917 College, K. C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-16-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Sheffield

18. (a) Signature of funeral director J. P. Louis Funeral Home
(b) Address 3400 Woodland, K. C. Mo.

19. (a) 4-16-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 14 day April
year 1940 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from April 10 — 1940, 19 to April 14 — 1940
that I last saw him alive on April 14 — 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Hemaplegia — Cerebral Hemorrhage

Due to Hypertension, Arteriosclerosis, Diabetes

Due to Melitus

59

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

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 1

23. Signature Joseph H. Freeman (M. D. ~~or other~~)
Address 325 Argyle Bldg. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

Myra H, Registered Apprentice No.

working under my personal supervision.

Signed Bert Logan

Licensed Embalmer No. 3979

P. O. Address

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

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