

BUREAU OF THE CENSUS
FILED JUL 15 1940

STANDARD CERTIFICATE OF DEATH

State File No. 20743

Registration District No. 399

Primary Registration District No. 1008

Registrar's No. 2360

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: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Unknown (Specify whether
In this community Unknown years, months or days)

8. (a) PRINT FULL NAME Sarah Simon 550

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced, widow

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

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
approx 55 X X hr. min.

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

10. Usual occupation 7

11. Industry or business Housewife

12. Name Max Mansfield 7

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

14. Maiden name Beagle Proby

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

16. (a) Informant Nathan Deady

(b) Address 2315 E 28th

17. (a) Burial (b) Date thereof 6-9-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Schiffel Cem

18. (a) Signature of funeral director N. Tigerman

(b) Address K.C. Mo.

19. (a) June 9, 1940 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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. 2315 East 28th St. (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8th
year 1940 hour 11:00 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from May 3rd 1940, to June 8th 1940; that I last saw her alive on June 8th, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Cystadenocarcinoma of ovary

Due to 49

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy None

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 G. D. Morris (M. D. or other)

Address Supt. A. C. Gen. Hospital, K. C. Mo. Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

Francis Walton....., Registered Apprentice No. 2744
working under my personal supervision.

Signed Francis Walton
By J. H. Tigerman
Licensed Embalmer No. 2744
P. O. Address K.C. Mo

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.