

SEP 1 1941

399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27704

3338

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Mo.
(c) Name of hospital or institution: 3610 Olive 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME Bessie Ginsberg
(b) If veteran, name war -
(c) Social Security No. None

4. Sex F 5. Color or race wh 6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Robert Ginsberg 6. (c) Age of husband or wife if alive 2 years
7. Birth date of deceased July 19 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 1 Days 4 If less than one day hr. min.

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

10. Usual occupation NW

11. Industry or business

MOTHER FATHER { 12. Name Morris White 7
18. Birthplace Russia (City, town, or county) (State or foreign country)
14. Maiden name Jennie Fite
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant A. M. Ginsberg
(b) Address 1222 W. 62

17. (a) Burial (b) Date thereof Aug 25 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation mt Carmel

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

19. (a) AUG. 24, 1940 (b) M.M. Craive
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Mo. 7
(If outside city or town limits, write "RURAL")
(d) Street No. 3610 Olive (If rural, give location)
(e) If foreign born, how long in U. S. A. 50 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 23
year 1940 hour 8 minute 15 P M.

21. I hereby certify that I attended the deceased from March 15, 1940, to August 23, 1940;
that I last saw h. or alive on Aug 23, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer metastasis to liver 46
Due to from primary growth in descending colon
Other conditions: Colon
(Include pregnancy within 3 months of death)

Duration 6 mos

PHYSICIAN
Major findings: 1
Of operations
Of autopsy none
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?
261 (Specify type of place)
While at work? (e) Means of injury 1
28. Signature A. Morris Ginsberg (M. D. or other) MD
Address 420 Prof Bldg Date signed Aug 23

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.....

Registered Apprentice No. 3110

working under my personal supervision.

Signed A. L. Louis

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.