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

SEP 5

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27732

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 3366

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: 6904 Brooklyn 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 6904 Brooklyn
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Rosa Baier 601
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 Married
6. (b) Name of husband or wife Abe Baier
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased Nov (Month) 22 (Day) 1897 (Year)

8. AGE: Years 42 Months 8 Days 5 If less than one day hr. min.

9. Birthplace Kansas City (City, town, or county) Mo (State or foreign country) O
10. Usual occupation House Wife
11. Industry or business
12. Name Saul Goldansky (Father)
13. Birthplace Russia (City, town, or county) (State or foreign country) 7
14. Maiden name Jennie Wedlansky (Mother)
15. Birthplace Russia (City, town, or county) (State or foreign country) 7
16. (a) Informant Abe Baier
(b) Address 6904 Brooklyn
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 28 '40 (Month) (Day) (Year)
(c) Place: burial or cremation Sheffield
18. (a) Signature of funeral director J. P. Louis Funeral
(b) Address 3400 Woodland Home
19. (a) Aug. 27, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26 year 1940 hour minute M.
21. I hereby certify that I attended the deceased from March 1, 1940 to Aug. 26, 1940 that I last saw him alive on Aug. 24, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis — Duration
Due to Carcinoma of Uterus about 9 mos
Due to 48
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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 Wallace H. Graham (M. D. or other) M.D.
Address 518 Argyle Bldg. Date signed 8-27-40

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed G. L. Lowes

Licensed Embalmer No. 3110

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, fact should be so stated above.