

2
-40
-39
23159

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 3676

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3915 Manheim Rd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 50 yr's
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 3915 Manheim Rd.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 50 yr's years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19
year 1940 hour _____ minute _____ SP. M.
21. I hereby certify that I attended the deceased from _____
_____ 1935 to Sept 19 1940
that I last saw him alive on Sept 18 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration immediate
Stroke Arteriosclerosis

Other conditions Fracture Rt shoulder & wrist / wad
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Mrs. Fannie Kazan

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, divorced, widowed

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

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

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

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

10. Usual occupation at home

11. Industry or business none

12. Name Unknown

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

14. Maiden name Unknown
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mr. Max Asotsky

(b) Address 5045 Lydia K.C. Mo.

17. (a) Burial (b) Date thereof Sept. 22 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shaare Sholem Cem.

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

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

19. (a) 9-20-40 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

12. Name
13. Birthplace
14. Maiden name
15. Birthplace

16. (a) Informant

(b) Address

17. (a) Burial

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 9-20-40

(b) M. M. Brown

(Date received local registrar)

(Registrar's signature)

(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.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.