

No. 2
13-40
17-39
X231591

NOV 1 1940
Registration District No. 999

Primary Registration District No. 1002

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:
709 1/2 West 33rd. St. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether years, months or days)
In this community 17 years

3. (a) PRINT FULL NAME Freida Beiser
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, married, divorced married
6. (b) Name of husband or wife Zanwell 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Dec. 26 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 9 17 hr. min.

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

10. Usual occupation housewife 7

11. Industry or business housewife

12. Name Abraham Zauder 9

13. Birthplace unknown 1
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca

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

16. (a) Informant Zanwell Beiser

(b) Address 709 1/2 West 33rd. St. K.C. Mo.

17. (a) burial (b) Date thereof Oct. 14, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Cem.

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

(b) Address 3400 Woodland Ave.
10-14-40

19. (a) 10-14-40 (b) M. M. Browne
(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")
0
(d) Street No. 709 1/2 West 33rd. St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 17 yrs years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12th
year 1940 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct 12 1940 to Oct 12th 1940
that I last saw her alive on Oct 12th 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris Duration 30 minutes

Due to 94%

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy via 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?

361 (Specify type of place) While at work? (e) Means of injury 1

23. Signature Ward H. Demark (M. D. or other)

Address 3232 Summit St Date signed 10-14-40

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.....

A. L. Louis, Registered Apprentice No.....
working under my personal supervision.

Signed *A. L. Louis*.....

Licensed Embalmer No. *3110*.....

P. O. Address *3400 Woodland*.....

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, fact should be so stated above.