

3. No. 2
-11-10-39
5-17-39
PI X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34442**
Registrar's No. **3958**

NOV 12 1940
Primary Registration District No. **1002**

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Registrar's No. **3958**

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:
Manorah Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Months
In this community 9 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Molly Belzer

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 Dave Belzer 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased March 20th. 1901
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
39 6 24 hr. min.

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

10. Usual occupation housewife ?

11. Industry or business housewife ?

12. Name Samuel Schlosman ?

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

14. Maiden name unknown

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

16. (a) Informant Marvin Belzer

(b) Address 5806 Brooklyn K.C. Mo.

17. (a) burial (b) Date thereof Oct. 15, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheffield Cem.

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

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

19. (a) 10-15-50 (b) M. M. Corowe
(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. 4122 Paseo
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? 20 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14
year 1940 hour 4:00 minute A M.

21. I hereby certify that I attended the deceased from July 26th. 1940 to Oct. 14. 1940;
that I last saw her alive on Oct. 12. 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Adeno-Carcinoma of the stomach, (Gross-Blatz)
Due to typhoid & lymph glandular mesenteric, cause unknown
Due to NMP

Other conditions Chronic starvation, due to pain & vomiting
(Include pregnancy within 3 months of death)

Major findings: Extensive cancer of stomach & lymph glands
Of operations: non
Of autopsy: non

Duration
6 mo.
3 mo.
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?
While at work? (Specify type of place) _____
(e) Means of injury _____

23. Signature E. D. Fryman (M. D. or other)
Address 1214 Prof. Bldg. K. C. Mo. Date signed 10-15-40

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 _____

_____, 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 with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.