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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 12 1940

Registration District No. [illegible]

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 34612

Registrar's No. 4128

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town K.C.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2335 Prospect
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)
In this community 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town K.C.
(If outside city or town limits, write "RURAL")
(d) Street No. 2335 Prospect
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 50 yrs years.

3. (a) PRINT FULL NAME Leah Pearlman
Leah Pearlman
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex fe
5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Max Pearlman
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years aprox 77 Months X Days X If less than one day hr. min.

9. Birthplace Poland (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business Housewife
MOTHER
12. Name unknown
FATHER
13. Birthplace unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Minnie Fleetman
(b) Address K.C. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-28-40 (Month) (Day) (Year)
(c) Place: burial or cremation Leavenworth, Kans.
18. (a) Signature of funeral director H. Tegeman & Sons
(b) Address K.C. Mo.
19. (a) 10-28-40 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 27 year 1940 hour 3 minute 30 P.M.
21. I hereby certify that I attended the deceased from Sept 27, 1940, to Oct 27, 1940, that I last saw her alive on Oct 27, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Due to senility
Due to
Other conditions Cholecystitis
(Include pregnancy within 3 months of death)

Duration

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 R. L. Cobbey (M. D. or other) Mo
Address 4103 Gladstone Date signed 10/28/40

(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 Francis Walton, Registered Apprentice No. 2744 working under my personal supervision.

Signed J. H. Figiman

Licensed Embalmer No. 2744

P. O. Address M. C. Mo

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.