

No. 2
4-13-40
5-17-39
I X2215

JAN 8 1941 399
Registration District No. _____

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: Northeast Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 1 Day
(Specify whether years, months or days)

In this community 25 yrs

3. (a) PRINT FULL NAME Flora Louise Louis

3. (b) If veteran, name war. No

3. (c) Social Security No. None

4. Sex FC 5. Color or race Wh

6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife. Harry D. Louis

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased. July 24 1879
(Month) (Day) (Year)

8. AGE: Years 42 Months 5 Days 18
If less than one day hr. min.

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

10. Usual occupation. House Wife

11. Industry or business _____

12. Name hazak Bernstein

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

14. Maiden name Faulline Emschlot

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

16. (a) Informant N. D. Louis

(b) Address R. C. Mo.

17. (a) Burial (b) Date thereof 12-10-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Sheffield Cem

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

(b) Address 3400 Woodland Ave, R.C. Mo.

19. (a) 12-10-40 (b) M. D. Crowe
(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. 4318 E 92
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 38 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8 year 1940 hour 4 minute 9 M.

21. I hereby certify that I attended the deceased from May 27, 1940 to Dec 8, 1940 that I last saw her alive on Dec 8, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death. Diffuse Peritonitis

Due to. Choriocarcinoma of uterus with metastasis to all pelvic

Due to. Abdominal Anatomy

Other conditions. 45
(Include pregnancy within 3 months of death)

Major findings: metastasis to broad ligament, spleen, retroperitoneum

Of operations _____

Of autopsy. none

Duration _____

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? _____

(e) Means of injury 3

23. Signature Dr. Frank Chaney (M. D. or other) _____

Address 4316 E 92th, R.C. Mo. Date signed 12-8-40

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 A. L. Lewis
Licensed Embalmer No. 3110
P. O. Address 3400 Woodland
Rt. 1, Mo.

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.