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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 7 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20684

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2214

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: 4144 TRACY AVE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community THREE YEARS years, months or days)

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. 4144 TRACY AVE
(If rural, give location)
(e) If foreign born, how long in U. S. A.? (3) THREE YEARS years.

3. (a) PRINT FULL NAME AUGUSTA LIEBMAN ~~GREENBAUM~~ Gruenebaum

3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife JACOB ~~GREENBAUM~~ Gruenebaum
(c) Age of husband or wife if alive years

7. Birth date of deceased DEC. (Month) 25 (Day) 1866 (Year)

8. AGE: Years 74 Months 5 Days 15 If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name LIEBMAN LIEBMAN

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

14. Maiden name YETTA SELIGMAN

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

16. (a) Informant HERMAN GREEN
(b) Address 4144 TRACY AVE

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/9/41 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Carroll Fonda
(b) Address 3024 Troost

19. (a) June 9 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month VI/7/41 day ~~year~~ hour minute M.

21. I hereby certify that I attended the deceased from IV/9/41, 19 to VI/7/41, 19; that I last saw her alive on VI/5/41, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of stomach

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: ½ year

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 H. Rob. Ulmann (M. D. or other)
Address Bryant Arnold Date signed VI/8/41

(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 Julian K. Powder

Licensed Embalmer No. 116 S.

P. O. Address.....

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

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

OK

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

The Division of Health of Missouri
BUREAU OF VITAL STATISTICS

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State of Missouri } ss.
County of Jackson }

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 2214

On this 1st day of April, 1954, before me appears Herman Green, who, upon his oath, states that the original record of ~~birth~~ death for Augusta Liebman Greenabaum, died ~~born~~ 6-7, 1941, in the State of Missouri, and which was filed at Kansas City on 6-9, 1941, should be corrected as follows:

Item No. 3 a should read Augusta Liebman Gruenebaum
Instead of Augusta Liebman Greenabaum

Item No. 6 b should read Jacob Gruenebaum
Instead of Jacob Greenabaum

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Herman Green Son
Relationship.
4144 Tracy K.C. Mo.
Present Address.

Subscribed and sworn to before me this 1st day of April, 1954.
My Commission expires August 24, 1956 Bessie W. Smith Notary Public.

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