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4-41  
17-39  
X26390

REG. DIST. 24 1942  
Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4529

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:  
Menoran Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 20 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 042  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5518 Lydia 8  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Libby Mallin  
3. (b) If veteran, name war No  
3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Dec. day 5  
year 1941 hour 11:15 minute 0 M.  
21. I hereby certify that I attended the deceased from Nov. 20  
1941 to Dec 5 1941  
that I last saw him alive on Dec 5 1941  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Morris Mallin  
6. (c) Age of husband or wife if alive 55 years

Immediate cause of death  
Pulmonary atelectasis 7 days  
Due to \_\_\_\_\_  
Due to 179

7. Birth date of deceased. Unknown  
(Month) (Day) (Year)  
8. AGE: Years 53 Months \_\_\_\_\_ Days \_\_\_\_\_  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Other conditions Diabetes mellitus 2 yrs.  
(Include pregnancy within 3 months of death)  
Major findings: operated for abdominal adhesion  
Of autopsy \_\_\_\_\_

9. Birthplace Unknown Russia 6  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housewife

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
12. Name Samuel Steponsky 6  
13. Birthplace Unknown Russia 6  
(City, town, or county) (State or foreign country)  
14. Maiden name Mierl  
15. Birthplace Unknown Russia 6  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Morris Mallin  
(b) Address 5518 Lydia, K. C. Mo.  
17. (a) Burial (b) Date thereof 12-7-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Carmel

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signature M. M. Crown 6  
(M. D. or other) MES  
Address 420 Prof Date signed 12-6-41

18. (a) Signature of funeral director J. P. Louis Funeral Home  
(b) Address 3400 Woodland, K. C. Mo.  
19. (a) Dec. 7 1941 (b) M. M. Crown  
(Date received local registrar) (Registrar's signature)

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

**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.....

*Myself*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Bert Logan*.....

Licensed Embalmer No. *3979*.....

P. O. Address *F. C. 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.**