. No. 2
—1-4-41
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1942

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 1344

Registrar's No. 337

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: MENORAH HOSPITAL O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 21 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 2715 BENTON
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME ETHEL MATLES

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 WIDOWED

6. (b) Name of husband or wife SAMUEL

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

7. Birth date of deceased UNKNOWN
(Month) (Day) (Year)

8. AGE: Years 67 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace 6 RUSSIA
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business

FATHER
12. Name UNKNOWN
13. Birthplace " 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name "
15. Birthplace " 9
(City, town, or county) (State or foreign country)

16. (a) Informant HARRY MATLES
(b) Address TULSA. OKLA.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-25-42
(Month) (Day) (Year)
(c) Place: burial or cremation SHEFFIELD

18. (a) Signature of funeral director J. P. LOUIS FUNERAL HOME
(b) Address 3400 WOODLAND, KC. MO

19. (a) 1-25-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23
year 1942 hour 1 minute P.M.

21. I hereby certify that I attended the deceased from Sept 1, 1941
..... 19..., to Jan 23, 1942
that I last saw her alive on Jan 23, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Left ventricular failure	2 days
Due to	
Due to Coronary artery disease	6 mos.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 94a	
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 A. Morris Gunberg (M.D. or other) MD
Address 420 Prof Bldg Date signed Jan 24, 42

(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 Bert Legan

Licensed Embalmer No. 3979

P. O. Address K. 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.