

Registration District No. **299**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Mo.**
(b) City or town **Kansas City, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3001 Forest
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **✓**
In this community **15 months** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **48**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **3001 Forest**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **4th**
year **1942** hour **11** minute **20 PM**
21. I hereby certify that I attended the deceased from **October 1st**, 1941, to **January 4**, 1942
that I last saw her alive on **January 4th**, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis**
Duration **several years**

Due to **Arterio-sclerosis**

Due to **93B**

Other conditions **Influenza**
(include pregnancy within 3 months of death)

Major findings: **Dr. J.W. Childers**
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?

While at work? (Specify type of place) (e) Means of injury

23. Signature **Dr. J.W. Childers** (M.D. or other)
Address **1003 Main St** Date signed **1-5-42**

3. (a) PRINT FULL NAME **Bertha Rosenblatt**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Julius Rosenblatt** 6. (c) Age of husband or wife if alive **8** years

7. Birth date of deceased **March 8 1871**
(Month) (Day) (Year)

8. AGE: Years **70** Months **10** Days **28**
If less than one day hr. min.

9. Birthplace **Sy. Joseph, Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business

12. Name **Simon Stern**

13. Birthplace **Brown 4 Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Hennieta Miller**

15. Birthplace **Cincinnati, Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Maurice Stern**

(b) Address **5820 King Heron St. Wash Mo**

17. (a) **Burial** (b) Date thereof **2/6/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of preparation **Adah Joseph Cemetery St. Joseph Mo.**

18. (a) Signature of funeral director **Beble, Bowman**

(b) Address **Sy. Joseph Mo**

19. (a) **2/4/42** (b) **M. D. Crow**
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

361

Kansas City, Mo.

FEB 20 1942

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.....
was not embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
Licensed Embalmer No.....
P. O. Address.....

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.