. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 25 1942

Registration District No. 395

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 9727

Registrar's No. 1444

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

(d) Length of stay: In hospital or institution 24 hrs (Specify whether

In this community 32 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048 3 8

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

(d) Street No. 617 Highland (If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)

If yes, name country Russia 0

3. (a) PRINT FULL NAME Fannie Lindenblatt

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Fe

5. Color or race Wh

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

6. (b) Name of husband or wife Isaac

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

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

8. AGE:	Years	Months	Days	If less than one day
app.	83	-	-	hr. min.

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

10. Usual occupation None

11. Industry or business None

FATHER
12. Name Louis Levine
13. Birthplace (City, town, or county) Russia 6 (State or foreign country)

MOTHER
14. Maiden name Anna - Not-Known
15. Birthplace (City, town, or county) Russia 6 (State or foreign country)

16. (a) Informant Sarah Lindenblatt

(b) Address 617 Highland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-12-42 (Month) (Day) (Year)

(c) Place: burial or cremation Sheffield Cem

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

(b) Address K. C. Mo.

19. (a) 4/11/42 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10 year 1942 hour 11.55 minute P. M.

21. I hereby certify that I attended the deceased from July 5- 1940, to March 10, 1942 that I last saw her alive on March 10, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Sclerosis	24 hrs
Due to Hypertension	3 years
Chronic Myocarditis	3 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	93 d

Major findings:
Of operations

Of autopsy None permitted

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 0

23. Signature Owen Kruegers (M. D. or other)

Address 220 Argyle Bldg Date signed 4/11/42

(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 Philip Lewis, Registered Apprentice No. 3110, working under my personal supervision.

Signed Philip Lewis

Licensed Embalmer No. 3110

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.