

DEED AUG 17 1942 149
Registration District No. _____

Primary Registration District No. **1022**

48
3
8

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:
Little Sisters of the Poor 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **5 yrs. 6 mos.**
(Specify whether

In this community **5 years 6 months**
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. **5331 Highland**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country. **0**

3. (a) PRINT FULL NAME **EDWIN EDELMAN**

3. (b) If veteran. name war **No**

3. (c) Social Security No. **No.**

4. Sex **Male** 5. Color or race **White**

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

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

7. Birth date of deceased **about 1869**
(Month) (Day) (Year)

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

9. Birthplace **No record** (City, town, or county) (State or foreign country) **9**

10. Usual occupation **Retired-Tailor**

11. Industry or business _____

MOTHER FATHER { 12. Name **Christie Edelman**

13. Birthplace **No record** (City, town, or county) (State or foreign country) **9**

14. Maiden name **Federica Bliss** (City, town, or county) (State or foreign country)

15. Birthplace **No record** (City, town, or county) (State or foreign country) **9**

16. (a) Informant **Sister Thelma**

(b) Address **5331 Highland**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Aug 6, 1942**
(Month) (Day) (Year)

(c) Place: burial or cremation **St. Marys Cemetery**

18. (a) Signature of funeral director **Durbin & Spohn Co**

(b) Address **20 West Linwood**

19. (a) **8-6-42** (Date received local registrar) (b) **M. M. Brown** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4th** day **August**
year **1942** hour **10:00** minute **P** M.

21. I hereby certify that I attended the deceased from **Apr 7**
1942 to **Aug 4**, 19 **42**

that I last saw **him** alive on **Aug 4**, 19 **42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Artery Disease**

Due to **Generalized Arteriosclerosis** **several years**

Due to **94a**

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy **no**

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 **John T Skemer** (M. D. or other) **MD**
Address **1402 Bryant Bldg** Date signed **8-6-42**

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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.....

Charles M. Quinic

Licensed Embalmer No. 3774

P. O. Address. Kansas City 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.