

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3785

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: 114 W 36th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 60 yrs (Specify whether 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. 114 W. 36th St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Lottie Adler Bodenheimer

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

4. Sex F 5. Color or race Wn 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jacob I. Bodenheimer 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased June 19, 1899
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>3</u>	<u>24</u>	hr. min.

9. Birthplace Del Norte Cala 1
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

12. Name Albert Adler

13. Birthplace Austria 4
(City, town, or county) (State or foreign country)

14. Maiden name Lina Bernstein

15. Birthplace Kansas 1
(City, town, or county) (State or foreign country)

16. (a) Informant Jacob I. Bodenheimer

(b) Address 114 W 36

17. (a) Burial (b) Date thereof 10-15-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Flywood Cem

18. (a) Signature of funeral director J.T. Lewis Funeral Home

(b) Address City

19. (a) 10-14-42 (b) W. M. Crow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 13 year 1942 hour 10 minute 20 P. M.

21. I hereby certify that I attended the deceased from Aug 10 1942 to Oct 13 1942

that I last saw her alive on Oct 13 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Congestive Heart Failure & Pulmonary Edema

Due to Hypertensive C.V. Disease

Due to 1942

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy: _____

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)

23. Signature Paul Bobbin (M. D. or other) _____

Address 924 Park Blk, K.C.Mo Date signed 10-14-42

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

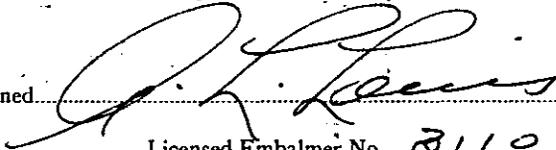
48
3
8

22634

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 

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.