

FILED DEC 7 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4375

1. PLACE OF DEATH: Jackson

(a) County Kansas City

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. 14 days
(Specify whether years, months or days)

In this community 15 years

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. 4407 Jarboe
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Ruth Rachel Altman

3. (b) If veteran, name war XX

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25
year 1942 hour 2:00 minute P. M.

4. Sex Fe / 5. Color or race Wh

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

6. (b) Name of husband or wife Sidney M. Altman

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased August 4 1894
(Month) (Day) (Year)

I hereby certify that I attended the deceased from Oct 26 1942 to Nov 25 1942
that I last saw h. alive on Nov 25 1942
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>	<u>3</u>	<u>21</u>	hr. <u>0</u> min. <u>0</u>

Immediate cause of death Chronic nephritis with uremia

Due to 209

9. Birthplace Joplin Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

Other conditions Lung (Lactak)
(Include pregnancy within 3 months of death)

Due to ---

11. Industry or business William Palmer

12. Name William Palmer

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

14. Maiden name Emma Posey

15. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

Major findings none

Of operations Chronic nephritis with uremia

Of autopsy ---

PHYSICIAN ---

Underline the cause to which death should be charged statistically.

16. (a) Informant Sidney M. Altman

(b) Address 4407 Jarboe

17. (a) Removal (b) Date thereof 11-28-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Joplin, Mo.

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? ---

18. (a) Signature of funeral director J. W. Wagner

(b) Address Kansas City, Mo.

19. (a) 11-27-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

While at work? --- (Specify type of place)

(e) Means of injury ---

23. Signature J. W. Wagner (M. D. or other) ---

Address --- Date signed Nov 26 1942

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

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 A. R. Haunschild

Licensed Embalmer No. 4159

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.