

DECEASED NOV 10 1942

149

Primary Registration District No.

1002

Registrar's No.

4107

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 0342 + Mount K.C. General Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 min.
(Specify whether)
In this community 22 yrs
years, months or days

3. (a) PRINT FULL NAME

Rose Nelkin

3. (b) If veteran,
name war No

3. (c) Social Security
No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Nathan 6. (c) Age of husband or wife if alive unk. years
7. Birth date of deceased abt. 1877
(Month) (Day) (Year)

8. AGE: Years abt. 65 Months Days If less than one day
hr. min.

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

10. Usual occupation Home Duties

11. Industry or business

12. Name Abraham Spievak
13. Birthplace Poland
(City, town, or county) (State or foreign country)
14. Maiden name Not Known
15. Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant Cecil Nelkin
(b) Address 4008 Colledge

17. (a) Burial (b) Date thereof 11-5-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sheffield Cem.

18. (a) Signature of funeral director J. P. Loistumeral
(b) Address K.C. Mo.

19. (a) 11-5-42 (b) M. M. Browne
(Date received local registrar) (Registrar's signature)

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. 4008 Colledge
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 3
year 1942 hour 7:45 minute P M.

21. I hereby certify that I attended the deceased from Onset 19 to 19 to
that I last saw him alive on Onset 19 to 19 to
and that death occurred on the date and hour stated above.

Immediate cause of death Acute injury of chest right hemithorax -

Due to Automobile transportation

Due to 170C-6

Other conditions 21
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy See above

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) Accident 123
(b) Date of occurrence 11-3-42
(c) Where did injury occur 39th + Mount Kew
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? No (Specify type of place)
(e) Means of injury Struck by motor bus

23. Signature O. J. Stach 3 (If by other)
Address Kew Date signed 11/5/42

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.....

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.