

FILED MAR 5 1943

Registration District No. 149

Primary Registration District No. 1002

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: Menorah D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
(Specify whether years, months or days) 33 yrs

3. (a) PRINT FULL NAME Sophie De Lette

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

4. Sex Female 5. Color or face Wn. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Solomon 6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased Not known
(Month) (Day) (Year)

8. AGE: Years 77 Months - Days - If less than one day hr. min.

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

10. Usual occupation Housewife

MOTHER FATHER { 11. Industry or business

12. Name Elliot Maslan
13. Birthplace Russieb
(City, town, or county) (State or foreign country)
14. Maiden name Minnie
15. Birthplace Russieb
(City, town, or county) (State or foreign country)

16. (a) Informant Maurice Maslan
(b) Address K.C. Mo

17. (a) Burial (b) Date thereof 2-18-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheffield Cem

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

19. (a) 2-18-43 (b) M. M. Brown
(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. 2850 Troost
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17
year 1943 hour 2 minute 30 a.m.

21. I hereby certify that I attended the deceased from July 1 1942 to Feb 17 1943
that I last saw her alive on Feb 16 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardial degeneration, slow with hypertension + cardiac asthma
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 93D

Major findings: _____
Of operations _____
Of autopsy _____
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 William G. Gentry (D. or other) MD
Address 420 Prof Bldg Date signed 2/18/43

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

Philip Lucas

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.