

FILED FEB 27 1943

Registration District No. 449

Primary Registration District No. 1002

1. PLACE OF DEATH: **Jackson**

(a) County **Jackson**

(b) City or town **Kansas City**

(c) Name of hospital or institution: **K.C. General Hosp. 4010**
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution **35 yrs.** (Specify whether days)

In this community **35 yrs.** (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Kansas City**

(d) Street No. **1210 Independence** (If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Rosa Fridlander**

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

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **11th**

year **1943** hour **12** minute **45 A.** M.

21. I hereby certify that I attended the deceased from **2-7-43**, 19____, to **2-11-43**, 19____;

that I last saw her alive on **2-11-43**, 19____;

and that death occurred on the date and hour stated above.

4. Sex **Fe** 5. Color or race **Wh**

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

6. (b) Name of husband or wife **Meyer Fried**

6. (c) Age of husband or wife if alive **61** years

7. Birth date of deceased **Not known**

Immediate cause of death _____

Duration _____

8. AGE: Years **60** Months _____ Days _____ If less than one day _____ hr. _____ min.

Cerebral hemorrhage

Due to _____

Due to _____

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

10. Usual occupation **House Wife**

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

11. Industry or business _____

12. Name **Not known**

13. Birthplace **Not known** (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 **Meyer Fried**

(b) Address **1210 Indep. Ave**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Feb 12 1943** (Month) (Day) (Year)

(c) Place: burial or cremation **Sheffield Cem.**

18. (a) Signature of funeral director **J.P. Louis Funeral Home**

(b) Address **153 C. Mass**

19. (a) **2-12-43** (Date received local registrar) (b) **M. M. Brown** (Registrar's signature)

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? _____

23. Signature **Dring R. Thome** (M. D. or other)

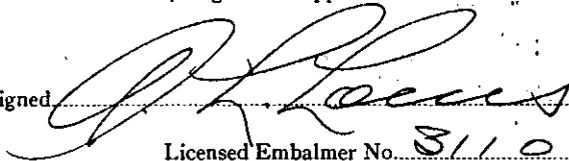
Address **Med. Dir. K.C. Gen. Hospital** Date signed _____

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

MOTHER FATHER

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.