V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9190

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1328

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 Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 4 Mo. 7 da. (Specify whether years, months or days)

In this community: 45 yrs

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.: 2113 E 29th (If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Hannah Markowitz

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

3. (c) Social Security No.: None

4. Sex: F

5. Color or race: Wh

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Bert Markowitz

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

7. Birth date of deceased: Dec (Month) 14 (Day) 1870 (Year)

8. AGE: Years 72 Months 3 Days 1 If less than one day: hr. min.

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

10. Usual occupation: Housewife

11. Industry or business:

FATHER 12. Name: Samuel Goldberger

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

MOTHER 14. Maiden name: Not Known

15. Birthplace: Not Known (City, town, or county) (State or foreign country)

16. (a) Informant: Harry Eisman

(b) Address: K.C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-16-43 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt Carmel

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

(b) Address: K.C. Mo

19. (a) 3-17-43 (Date received local registrar) (b) K. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3-15 day year 43 hour 3 minute 7 M.

21. I hereby certify that I attended the deceased from Nov 20 1942 to March 15 1943 that I last saw h. alive on March 14 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac failure	5 mos
Due to: Hypertrophic degeneration	5 mos
Due to: Pernicious anemia	1 yr.

Other conditions (Include pregnancy within 3 months of death): 935

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? (Specify type of place)

While at work? Means of injury:

23. Signature: [illegible] M.D. or other)

Address: 420 Prof Bldg Date signed: 3-15-43

(Licensed Embalmer's Statement on Reverse Side)

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. L. Louis

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.