

Registration District No. 147

Primary Registration District No. 1002

State File No.

Registrar's No. 1942

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. d
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Hrs.
(Specify whether years, months or days) 2 1/2 yrs

3. (a) PRINT FULL NAME Rachael Tilson

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

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife Jacob 6. (c) Age of husband or wife if alive Not known years

7. Birth date of deceased Not known
(Month) (Day) (Year)

8. AGE: Years 71 Months - Days - If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Morris Langbord
13. Birthplace Russia
(City, town, or county) (State or foreign country)

14. Maiden name Irene Fay
15. Birthplace Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harry Razalsky
(b) Address 4019 College

17. (a) Burial (b) Date thereof 4-25-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sheffield Cem.

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

19. (a) 4/25/43 (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. 4019 College
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Poland

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 22 day April
year 1943 hour 4:45 minute P M.

21. I hereby certify that I attended the deceased from April 1, 1943 to April 22, 1943
that I last saw he alive on April 22, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure
Due to Cardiac failure

Due to Hypertension w/ heart disease
Other conditions 93N
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
6 hrs
1 yr.

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)
Means of injury
23. Signature M. M. Brown (M.P. or other)
Address 420 Prof Bldg Date signed 4-23-43

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.....

R. L. Lewis

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.