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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13225

FILED MAY 6 1943

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1881

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

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 1 Week (Specify whether years, months or days)

In this community 30 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. 3518 Bellfountaine
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Fay Horowitz

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 M

6. (b) Name of husband or wife Morris Horowitz

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased Dec (Month) 24 (Day) 1910 (Year)

8. AGE: Years 32 Months 3 Days 22 If less than one day 21 hr. min.

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

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Joseph Ruben
13. Birthplace Russia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rose Millstein
15. Birthplace Russia (City, town, or county) (State or foreign country)

16. (a) Informant Morris Horowitz
(b) Address K.C. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-18-43 (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Cem.

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

19. (a) 4-21-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15 year 43 hour 5:P minute M.

21. I hereby certify that I attended the deceased from Jan 1, 1938, to April 15, 1943 that I last saw h, alive on April 15, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac failure	3 mos
Due to Rheumatic mitral disease	5 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death) 92 P	

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? (e) Means of injury

23. Signature J. Morris Sudson (M. D. or other)

Address 420 Prof Date signed 4-16-43

(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.....

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.