

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

1 X2315

FILED MAY 6 1943 149
Registration District No. _____

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

(d) Length of stay: In hospital or institution One day
40 yrs. (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Mo. (b) County Jackson 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 2315 E. 39th
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Anna Marks

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

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Dec. 28 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>69</u>	<u>3</u>	<u>28</u>	hr. min.
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9. Birthplace Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Jacob Frishman

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

14. Maiden name Leah Blumberg

15. Birthplace Austria
(City, town, or county) (State or foreign country)

16. (a) Informant Leonora Marks

(b) Address 2315 e 39th

17. (a) Burial (b) Date thereof 4/28/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Ceme.

18. (a) Signature of funeral director Carroll-Davidson

(b) Address 3024 Troest

19. (a) 4-27-43 (b) M. M. Browne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from April 25/43
_____ 19____ to April 26 1943
that I last saw h. a alive on April 26 1943
and that death occurred on the date and hour stated above.

Immediate cause of death acute intestinal obstruction (hernia strangulation) severe chronic myocarditis hyperension & arteriosclerosis Duration 48 hours many years

Due to _____

Due to _____

Other conditions 122
(Include pregnancy within 3 months of death)

Major findings: Strangulated hernia with intestinal obstruction

Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline 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 A. S. Sopher (M. D. or other) _____
Address 1405 Bryant Rd. Date signed Apr 27

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.....

P. O. Address.....

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.