

FILED JUL 19 1943

149

1002

Registration District No.

Primary Registration District No.

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 **One day**
In this community **50 Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **3521 Baltimore**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Marcus Singer**

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

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Ann Frances Singer** 6. (c) Age of husband or wife if alive **55** years

7. Birth date of deceased **Feb. 17 1880**
(Month) (Day) (Year)

8. AGE: Years **63** Months **4** Days **20** If less than one day hr. min.

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

10. Usual occupation **Salesman**

11. Industry or business

12. Name **Moses Singer**

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

14. Maiden name **Esther Reiger**

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

16. (a) Informant **Ann F. Singer**

(b) Address **3521 Baltimore**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **7/9/43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Rose Hill Cem.**

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

(b) Address **3024 Troost**

19. (a) **7-9-43** (Date received by registrar) (b) **D. E. Brown** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **7** year **1943** hour **12** minute **P** M.

21. I hereby certify that I attended the deceased from **July 1**, 19**43**, to **July 7**, 19**43** that I last saw him alive on **July 7 - 1943** and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia**

Due to **Cerebral Haemorrhage**

Due to **Arteriosclerosis**

Other conditions **33a!**
(Include pregnancy within 3 months of death)

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?

While at work? (Specify type of place) (2) Means of injury

23. Signature **Fred Irving** (M. D. or other)

Address **1610 Prof. Bldg** Date signed **7-9-43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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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 Julian K. Davidson

Licensed Embalmer No. 1168

P. O. Address Kansas City, 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.