

FILED SEP 28 1943

State File No.

Registration District No. 949

Primary Registration District No. 1002

Registrar's No. 4001

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 4501 Benton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 10 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Bertha Baruch

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 1

6. (b) Name of husband or wife Phillip Baruch

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Dec 22 1895
(Month) (Day) (Year)

8. AGE: Years 46 Months 5 Days 23 If less than one day hr. min.

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

10. Usual occupation House Wife

11. (a) Industry or business Trank Berkowitz

11. (b) Birthplace Rumania
(City, town, or county) (State or foreign country)

11. (c) Maiden name R. Va
11. (d) Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant Phillip Baruch

(b) Address K. E. Mo

17. (a) Removal (b) Date thereof 9-19-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation N.Y. City

18. (a) Signature of funeral director J.P. Lewis

(b) Address P.C. Mo

19. (a) 9-18-43 (b) F.E. Brown, Dep.
(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. 4501 Benton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 15
year 43 hour 9:50 minute P M.

21. I hereby certify that I attended the deceased from 9:50 1943
that I last saw him alive on 9:50 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart
disease

Due to Arteriosclerotic heart disease

Due to Arteriosclerotic heart disease

Other conditions 93d
(Include pregnancy within 3 months of death)

Major findings Arteriosclerotic heart disease
Of operations

Of autopsy Arteriosclerotic heart disease

Duration

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)
(e) Means of injury _____

23. Signature F.E. Brown 3
Address P.C. Mo Date signed 9/16/43

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

MOTHER FATHER

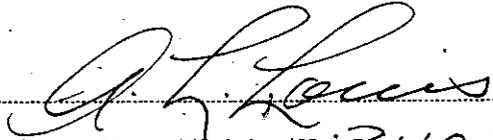
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 311011

P. O. Address. K. O. 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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of MO
County of Jackson ss.

State File No. 30602
Local Registrar's No. 4201

AFFIDAVIT FOR CORRECTION OF A RECORD

On the 4th day of October, 1943, before me appears.....

Phillip Baruch, who, upon his oath, states that the original record of ~~birth~~ death for Bertha Baruch, died Sept 15, 1940, in the State of Missouri, and which was filed at MO on 19-10-43, should be corrected as follows:

Item No. 7 should read dec 22, 1896

Instead of dec 1892

Item No. 8 should read 46 yrs 8 mos 23 days

Instead of 50 yrs 9 mos

Item No. should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Phillip Baruch husband
Relationship.

4501 Denton Blvd
Present Address.

Subscribed and sworn to before me this 4th day of Oct, 1943

My Commission expires MAY 3 1944
Lawrence Whalen Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

30602