V. S. No. 2
50M—5-42
Rev. 5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30768

FILED OCT 13 1943

Registration District No. 1009

Primary Registration District No. 1002

Registrar's No. 4194

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

(d) Length of stay: In hospital or institution: 7 Hrs (Specify whether years, months or days)

In this community: 38 yrs.

2. USUAL RESIDENCE OF DECEASED: 48

(a) State: Missouri (b) County: Jackson 3

(c) City or town: Kansas City 6
(If outside city or town limits, write "RURAL")

(d) Street No.: 2 - W. 65th St. Terr.
(If rural, give location)

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

If yes, name country: 0

3. (a) PRINT FULL NAME: Pearl Hoffman

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: /

6. (b) Name of husband or wife: Joseph

6. (c) Age of husband or wife if alive: 38 years

7. Birth date of deceased: July (Month) 2 (Day) 1905 (Year)

8. AGE: Years 38 Months 2 Days 28 If less than one day hr. min.

9. Birthplace: Kansas City (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Home wife

11. Industry or business:

MOTHER FATHER

12. Name: Ruben Peltzman

13. Birthplace: Russia 6 (City, town, or county) (State or foreign country)

14. Maiden name: Suzie Viner

15. Birthplace: Kansas City (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Ruben Peltzman

(b) Address: 2 - W. 65th Terr

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-1-43. (Month) (Day) (Year)

(c) Place: burial or cremation: Mt Carmel

18. (a) Signature of funeral director: J. Louis Funeral Home

(b) Address: K. C. Mo.

19. (a) 10-2-43 (Date received local registrar) (b) D. E. Brown Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 30 year 43 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from Omm, 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Internal hemorrhage due to ruptured ectopic gestation with massive extra-thoracic pressure

Duration

Due to:

Due to:

Other conditions: Contributing degeneration of general body
(Include pregnancy within 3 months of death)

Major findings:
Of operations: 0

Of autopsy: 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: [illegible] M.D. (M.D. or other)

Address: [illegible] Date signed: 9/30/43

(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.