S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 28 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30928

State File No. 3946

Registration District No. 149

Primary Registration District No. 1002

Registrar's 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 11 weeks (Specify whether

In this community 50 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3

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

(d) Street No. 3443 Agnes
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Abraham Rosenzweig

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race WN

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Lena

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased May (Month) 1 (Day) 1877 (Year)

8. AGE: Years 66 | Months 4 | Days 11 | If less than one day ___ hr. ___ min.

9. Birthplace (City, town, or county) Poland 4 (State or foreign country)

10. Usual occupation Retired

11. Industry or business Produce Dealer

FATHER
12. Name Pinchas Rosenzweig
13. Birthplace (City, town, or county) Poland 4 (State or foreign country)

MOTHER
14. Maiden name Ella Schinra
15. Birthplace (City, town, or county) Poland 11 (State or foreign country)

16. (a) Informant Paul Rosenzweig
(b) Address K. C. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-14-43 (Month) (Day) (Year)
(c) Place: burial or cremation Sheffield Mo. P. Louis Funeral Home

18. (a) Signature of funeral director K. C. Mo.
(b) Address

19. (a) 9-14-43 (Date received local registrar) (b) J. E. Brown, Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12 year 1943 hour 5 minute a M.

21. I hereby certify that I attended the deceased from July 1, 1943 to Sept 12, 1943 that I last saw him alive on Sept 11, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cancer descending colon	6 mos.
Due to: Ruptured diverticulum descending colon	2 mos.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 462

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 0

23. Signature W. Morris Gruber Md (M. D. or other)

Address 420 Prag Bldg Date signed 9-13-43

(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.