DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1944

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 100

State File No. 1384

Registrar's No. 501

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

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: 35 yrs.

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.: 2908 Highland (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country: 0

3. (a) PRINT FULL NAME: Bertha Fleschman

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Fe

5. Color or race: Wh

6. (a) Single, widowed, married, divorced: W

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

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

7. Birth date of deceased: Feb. (Month) 28 (Day) 1887. (Year)

8. AGE: Years 56 Months 10 Days 29 If less than one day ____ hr. ____ min.

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

10. Usual occupation: Housewife

11. Industry or business: ____

MOTHER FATHER

12. Name: Bernard LeFkowitz

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

14. Maiden name: Bellie

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

16. (a) Informant: Marjorie Wolff

(b) Address: 3758 Washington

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-28-44 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt Carmel Cem.

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

(b) Address: 3409 Woodland

19. (a) 1-28-44 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26 year 1944 hour 10 minute P. M.

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

Immediate cause of death: Shock — Hemoperitoneum

Due to: Street car and auto

Due to: Trauma.

Other conditions (Include pregnancy within 3 months of death): Street car hit pedestrian first - then auto

Major findings: Of operation: 171a-3

Of autopsy: See Above

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): Accident 123

(b) Date of occurrence: Jan. 26, 1944

(c) Where did injury occur? Kansas City (City or town) Mo (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? No (e) Means of injury: 0

23. Signature: A. E. Usher (M. D. or other) M.D.

Address: 28 McCoy Date signed: 1-28-44

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(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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.