

FILED FEB 20 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 334

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town K.C.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of Hospital or institution Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mollie Schwartz

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 2

6. (b) Name of husband or wife David 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased Unknown 1891
(Month) (Day) (Year)

8. AGE: Years 52 Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation Home Duties

11. Industry or business

12. Name Ignatz Marmelstein
13. Birthplace Hungary
14. Maiden name Rebecca
15. Birthplace Unknown Hungary

16. (a) Informant Murray Schwartz
(b) Address 610 E Meyer Blvd.
17. (a) Funeral (b) Date thereof Jan 20 '44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation mt Carmel

18. (a) Signature of funeral director J.P. Louis
(b) Address 3400 Woodland
19. (a) Jan 20, 1944 (b) J.E. Brown
(Date received local registrar) (Registrar's signature)

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. 610 East Meyer Blvd
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January, day 19
year 1944 hour 6 minute 55 AM

21. I hereby certify that I attended the deceased from 1942 to January 19, 1944
that I last saw her alive on January 18, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Carcinomatosis
Due to Carcinoma of Breast
Other conditions (Include pregnancy within 3 months of death) 50

Duration 1 1/2
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Major findings: Carcinoma of Breast
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) (e) Means of injury 0
Signature Opel M. Kohn (M. D. or other) _____
Address 630 Prof sedg Date signed 1/19/44

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

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 *W. L. Lewis*

Licensed Embalmer No. *3110*

P. O. Address *1202*

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.