

No. 2
8-43
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X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10101

FILED APR 7 1944

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1400

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: Memorah Hospo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 days
(Specify whether years, months or days)

In this community Whole life

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson?

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

(d) Street No. 1465 E 66th
(If rural, give location)

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

3. (a) PRINT FULL NAME Esther Rowe

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27
year 1944 hour 1 minute 30 P M.

4. Sex Female 5. Color or race Wh

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

6. (b) Name of husband or wife Derald

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

7. Birth date of deceased: Mar. 19, 1915
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 2, 1944 to March 27, 1944
that I last saw her alive on March 27, 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 29 Months 0 Days 8
If less than one day hr. _____ min. _____

Immediate cause of death Car case deasepotation Duration 2mo

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

10. Usual occupation Housewife

Due to Ultral streas unknown

Due to _____

11. Industry or business _____

12. Name Sam Caplan

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

14. Maiden name Fannie Bierman

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

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy 925

16. (a) Informant Rose Caplan

(b) Address N.Y. City

17. (a) Burial (b) Date thereof 3-28-44
(Burial, cremation, or removal) (Month) (Day) (Year)

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

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

(b) Address N.C. Mo

19. (a) 3-29-44 (b) N.E. Brown
(Date received local registrar) (Registrar's signature)

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? _____

23. Signature A. Morris (M.D. or other) MD

Address 420 Prop. Bldg Date signed 3-28-44

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.....

D. L. Lewis

Licensed Embalmer No. 3110

P. O. Address. A. 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.