

No. 2
-8-43
-17-39
X37823

FILED JUL 15 1949

Registration District No.

Primary Registration District No. 1002

Registrar's No. 2740

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... St. Joseph Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 days
(Specify whether years, months or days) 35 yrs 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town... Kansas City 43
(If outside city or town limits, write "RURAL")

(d) Street No. 3801 Montpelier
(If rural, give location)

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

3. (a) PRINT FULL NAME DAVID S. BAELOW

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

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 1
year 1944 hour... minute... M.

21. I hereby certify that I attended the deceased from 6-1-43
19... to 7-1-44
that I last saw her alive on 6-30-44, 19...
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Wh

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

6. (b) Name of husband or wife Clara

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased: Feb 13, 1898
(Month) (Day) (Year)

Immediate cause of death: Bronchidpneumonia

	Duration
Due to pulmonary embolism	2 day
Due to carcinoma of rectum	4 day
	14 day

Other conditions: 4 yr

8. AGE: Years 46 Months 4 Days 18 If less than one day hr. min.

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

Major findings: As above; operation 14 day pneumonia to death.

PHYSICIAN: Underline the cause to which death should be charged statistically.

10. Usual occupation: Grocery

11. Industry or business: Merchant

12. Name: Not known

13. Birthplace: Not known
(City, town, or county) (State or foreign country)

14. Maiden name: Not known

15. Birthplace: Not known
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant: Rubin Baelow

(b) Address: K.C. Mo

17. (a) Burial (b) Date thereof 7-2-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Sheffield Cem

18. (a) Signature of funeral director: J.P. Housh...
(b) Address: K.C. Mo

23. Signature: John T. Skinner (M. D. or other) MD
Address: 1103 Grand Date signed 7-1-44

19. (a) 7-2-44 (b) F.G. Brown (W3)
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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 *[Handwritten Signature]*
Licensed Embalmer No. *2110*
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.