

FILED OCT 24 1944 149
Registration District No.

Primary Registration District No. 1002

Registrar's No.

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

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:
3529 Paseo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether)

In this community 61 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Kansas city 4X
(If outside city or town limits, write "RURAL")

(d) Street No. 3529 Paseo 3
(If rural, give location)

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

If yes, name country ✓

3. (a) PRINT FULL NAME Hannah Waxman

3. (b) If veteran, name war ✓ 3. (c) Social Security No. None

4. Sex FE 5. Color or race wh 6. (a) Single, widowed married, divorced 2

6. (b) Name of husband or wife Isaac 6. (c) Age of husband or wife if alive 0 years (Month) (Day) (Year) 10 0 1862

8. AGE:

Years	Months	Days	If less than one day
<u>82</u>	<u>10</u>	<u>2</u>	hr. min.

9. Birthplace Stuttgart Germany
(City, town, or county) (State or foreign country)

10. Usual occupation house duties

11. Industry or business

MOTHER FATHER

12. Name Isadore Cohen

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

14. Maiden name Ullshewer

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

16. (a) Informant Bernice Weiss

(b) Address 3529 Paseo

17. (a) Burial (b) Date thereof 10-12-'44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

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

(b) Address 3400 Woodland

19. (a) 10-12-44 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct, day 10, year 1944 hour 3:30 minute 06 M.

21. I hereby certify that I attended the deceased from Aug 2 1944 to Oct 10 1944
that I last saw him alive on Oct 9 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Bother

Due to

Other conditions 93 d.
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: 93 d.

Of operations

Of autopsy

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?

23. Signature P. J. Arjenty (Specify type of place) (a) Means of injury fall
114 W. Liberty (M. D. or other) Date signed Oct 12 1944

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

Ray Buffington

Licensed Embalmer No.

2756

P. O. Address

R. C. M.

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.