S. No. 2
M—8-43
5-17-39
I X37825

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36701

FILED DEC 4 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4742

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: Menorah Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 54 yrs
years, months or days)

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. 2850 Troost
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Fleschman Rebecca Fleshman, ~~Mrs Bette~~

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Fe

5. Color or race Wh

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

6. (b) Name of husband or wife Max

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Not Known
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	—	—	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Morris
13. Birthplace (City, town, or county) Russia (State or foreign country)

MOTHER
14. Maiden name Anna
15. Birthplace (City, town, or county) Russia (State or foreign country)

16. (a) Informant Max Fleschman
(b) Address K.C. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-23-44 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Carmel Cem

18. (a) Signature of funeral director Louis Funeral Home
(b) Address K.C. Mo.

19. (a) 11-25-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Nov day 21
year 1944 hour 9 minute 20 P M.

21. I hereby certify that I attended the deceased from Nov 17, 1944, to Nov 21, 1944
that I last saw her alive on Nov 21, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	15 min
Due to: Hypertensive heart disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93d

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? (e) Means of injury

23. Signature J. S. Hoffman MD (M. D. or other)
Address 408 Argyle Bldg Date signed 11/24/44

(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 with the above constitutes grounds for revocation of license.)

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