S. No. 2
OM—2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
Bureau of the Census
FILED DEC 9 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36733

Registration District No. 149   Primary Registration District No. 1002   Registrar's No. 4836

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

1. PLACE OF DEATH: Jackson,
(a) County........Kansas City,
(b) City or town........
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Hotel Bellerieve
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.... no.
In this community.... 50 years,
years, months or days   (Specify whether)

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.... Hotel Bellerieve
(If rural, give location)
(e) Citizen of foreign country?.... no.   (Yes or No)
If yes, name country.... X

3. (a) PRINT FULL NAME Mrs. Martha Auerbach Guettel

3. (b) If veteran, name war.... no.   3. (c) Social Security No.... no.

4. Sex Female   5. Color or race White   (2) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased.... Feb. 1, 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
72	9	23	....hr. ....min.

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

10. Usual occupation.... at home,

11. Industry or business.... X

FATHER { 12. Name Unknown
13. Birthplace Unknown
(City, town, or county)   (State or foreign country) }

MOTHER { 14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county)   (State or foreign country) }

16. (a) Informant W. B. Silberman,
(b) Address 6235 Mission Drive, Kansas City, Mo

17. (a) Burial   (b) Date thereof 12- -44
(Burial, cremation, or removal)   (Month) (Day) (Year)
(c) Place: burial or cremation Rosehill Cemetery

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C. Mo.

19. (a) 12-1-44 (b) N. E. Brown
(Date received local registrar)   (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30th
year 1944 hour 5:05 minute A. M.

21. I hereby certify that I attended the deceased from April, 1930, to No. 30, 1944, 19....;
that I last saw h.. alive on Nov 30, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death.... Retroperitoneal Sarcoma   Duration 8 mo

Due to.... 4 yr

Due to....

Other conditions.... Arterio Sclerosis
(include pregnancy within 3 months of death)

Major findings:
Of operations....
Of autopsy.... no

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 A. Sophian   (M. D. or other)
Address 1415 Bryant Bld.   Date signed Dec 1

(Licensed Embalmer's Statement on Reverse Side)

Dr. A. Sophian ✗ Bick
Bryant

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. 1815

P. O. Address...

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.