

FILED JAN 11 1945

Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **St. Lukes Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 weeks**
In this community **32 yrs**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **3000 E 37**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country **✓**

3. (a) PRINT FULL NAME

Sarah Fishman

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 **Maris** 6. (c) Age of husband or wife if alive **—** years

7. Birth date of deceased **Jan 1 1882**
(Month) (Day) (Year)

8. AGE: Years **62** Months **11** Days **23** If less than one day hr. min.

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

10. Usual occupation **at home**

11. Industry or business

12. Name **Louis Lieberman**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Hyman Fishman**

(b) Address **3460 Woodland**

17. (a) **Burial** (b) Date thereof **12-25-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sheffield**

18. (a) Signature of funeral director: **J.P. Lewis Funeral Home**

(b) Address **3400 Woodland**

19. (a) **12-25-44** (b) **T-6 Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec 24** day year **1944** hour **4:00** minute **—** M.

21. I hereby certify that I attended the deceased from **November 24 1944** to **Dec 24 1944** that I last saw her alive on **Dec 24 1944** and that death occurred on the date and hour stated above.

Immediate cause of death **Sarcinomatosis** Duration **6 mos.**

Due to **Retrolubular Sarcinoma of left eye** 1 yr.

Due to **left eye**

Other conditions **552**
(Include pregnancy within 3 months of death)

Major findings: Of operations **As above** Of autopsy

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?
While at work? (Specify type of place) (2) Means of injury

23. Signature **Joseph Lewis M.D.** (M. D. or other) Address **Page Med Hldg 2 City Mo** Date signed **1/25/45**

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

Greg Ruffington

Licensed Embalmer No.

89576

P. O. Address

1200

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.