

Registration District No. **149**

Primary Registration District No. **1002**

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: Memorah Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12-16-44, 12-20-44  
(Specify whether years, months or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL") E. 33 8  
(d) Street No. 2221 E. 33  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country U 11

3. (a) PRINT FULL NAME Celia Rosenblum

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 ✓

6. (b) Name of husband or wife Lea Rosenblum 6. (c) Age of husband or wife if alive ✓ year

7. Birth date of deceased Unknown 1878  
(Month) (Day) (Year)

8. AGE: Years 72 Months Days If less than one day  
br. min.

9. Birthplace Russia 10  
(City, town, or county) (State or foreign country)

10. Usual occupation -

11. Industry or business -

12. Name Unknown

13. Birthplace Russia 6  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Russia 10  
(City, town, or county) (State or foreign country)

16. (a) Informant Abe Rosenblum

(b) Address 2221 East 33

17. (a) Burial (b) Date thereof 12-22-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheffield

18. (a) Signature of funeral director J. P. Havis Funeral Home

(b) Address 3400 Woodland

19. (a) 12-22-44 (b) N. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20  
year 1944 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec. 1  
1943 to Dec. 20 1944

that I last saw her alive on Dec. 20 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 1 wk.  
Due to

Due to Arterio-sclerosis and hypertension 5 yrs.  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations g/a 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) (Means of injury) ✓

23. Signature Al Morris (M.D. or other) MD  
Address 420 Prof. Bldg Date signed 12-22-44

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..... *Guy Buffington*.....  
Licensed Embalmer No. *3756*.....  
P. O. Address..... *W.C. 770*.....

**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.**