

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5235

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town IC 20
(c) Name of hospital or institution: Memorial Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 weeks
In this community 36 yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 49
(c) City or town IC 20
(d) Street No. 2414 E 28th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FRIEDA SACK

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug. 30 1874
(Month) (Day) (Year)

8. AGE: Years 70 Months 3 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation Homemaker

11. Industry or business _____

MOTHER FATHER { 12. Name Moritz Bobrocker
13. Birthplace Germany
14. Maiden name Helena Glass
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Leo Bobrocker
(b) Address 3718 Truman

17. (a) Burial (b) Date thereof 12/24/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill Cem.

18. (a) Signature of funeral director Carroll Pandean
(b) Address 3024 Front

19. (a) 12-23-44 (b) T. E. Brown (03)
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12/21/44 day _____ 19____
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 8/2/44
_____ 19____ to 12/21/44 _____ 19____
that I last saw her alive on 12/21/44 _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death ventricular fibrillation
Due to heart block
Due to hardening of arteries
Other conditions Ca of sigmoid
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of sigmoid
Of operations _____
Of autopsy _____

Duration _____
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) _____
(a) _____ (b) Means of injury _____

23. Signature T. E. Brown (Date signed 12/27/44)
Address 469 Profers Court

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

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..... *Kathryn E. Davidson*

Licensed Embalmer No..... *3648*

P. O. Address..... *Kansas City*

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.