

FILED JAN 26 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 104

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

(d) Length of stay: In hospital or institution 7 Days
(Specify whether years, months or days)

In this community 37 yrs 0
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson ⁴⁸

(c) City or town Kansas City ³
(If outside city or town limits, write "RURAL")

(d) Street No. 1805 F 29th ⁸
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Gussie Abraham

(b) If veteran, name war No

(c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6th
year 1945 hour 10:00 minute A M.

21. I hereby certify that I attended the deceased from Jan 6 1945 to Jan 6 1945
that I last saw h^er alive on Jan 6 1945
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Wn

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

6. (b) Name of husband or wife Alexander

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased unknown
(Month) (Day) (Year)

Immediate cause of death Uremia

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

67 - - hr. min.

Due to Hypertension

Due to Arteriosclerosis & nephritis chronic

Other conditions (include pregnancy within 3 months of death)

9. Birthplace Hungary ⁴
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Major findings: Of operations 131 b

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name Israel (he) Kowitz

13. Birthplace Hungary ⁴
(City, town, or county) (State or foreign country)

14. Maiden name Regina

15. Birthplace Hungary ⁴
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Alexander Abraham

(b) Address R.C.Mo

17. (a) Burial (b) Date thereof 1-9-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheppard Cem

(Specify type of place) While at work? _____ (e) Means of injury 0

23. Signature L. M. Stephen (M. D. or other) MD
Address 628 1/2 E. 26th Date signed 1-9-45

18. (a) Signature of funeral director J. P. Lewis

(b) Address 3400 Woodland

19. (a) 1-9-45 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

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 *R. L. Lewis*
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.