

Registration District No. 177

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: 5305 Paseo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 70 (Specify whether
In this community 56 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kansas City 407
(If outside city or town limits, write "RURAL")
(d) Street No. 5305 Paseo 3
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME MORRIS FRIEDSON

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

4. Sex Mo 5. Color or race wh 6. (a) Single, widowed, married, divorced.
6. (b) Name of husband or wife Ray 6. (c) Age of husband or wife if alive unk years
7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years 68 Months Days If less than one day hr. min.

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

10. Usual occupation Merchant

11. Industry or business

MOTHER FATHER { 12. Name Not Known
13. Birthplace Not Known (City, town, or county) (State or foreign country)
14. Maiden name Not Known
15. Birthplace Not Known (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ray Friedson

(b) Address KC, Mo

17. (a) Burial (b) Date thereof 3-1-45 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation mt. Carmel

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

(b) Address 3408 Woodland

19. (a) Mar 1-1945 (b) J.B. Brown (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 27 year 1945 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 1, 1945 to Feb 27, 1945 that I last saw him alive on Feb 27, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Rosemary thrombosis Duration 5 weeks

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations gpa 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?

(Specify type of force) (Means of injury)
While at work? _____

23. Signatur A. Morris (M.D. or other) 2-28-45
Address 420 Prof Blvd Date signed 2-28-45

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.....

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.