

S. No. 2
M-8-13
7. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 3 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12502
1751
Registrar's No.

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Menorah Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days) 17 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 1607 Genesee
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Spirak, Mrs. Bessie
3. (b) If veteran, name war No
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 16th
year 1945 hour 7 minute 10 P M.
21. I hereby certify that I attended the deceased from about 1 week, 19...;
that I last saw him alive on _____, 19...;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W/Y
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife Rubin 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased Dec 21, 1897
(Month) (Day) (Year)

Immediate cause of death Right Ventricular Myomatosis with acute cardiac failure
Due to Cholelithiasis months?
Due to

8. AGE: Years 47 Months 3 Days 26 hr. 5 min.

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 126
Of autopsy

9. Birthplace Poland
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

MOTHER, FATHER {
12. Name Israel Muehnick
13. Birthplace Poland
(City, town, or county) (State or foreign country)
14. Maiden name Debra
15. Birthplace Poland
(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?
(Specify type of place) (e) Means of injury

16. (a) Informant Maurice Muehnick
(b) Address 1912 Oak St.
17. (a) Burial (b) Date thereof 4-18-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Carmel Cem.

23. Signature A. Spilner (M. D. or other)
Address 1405 Bryant Bldg Date signed Apr 17/45

18. (a) Signature of funeral director J.P. Lovistun
(b) Address K.C. Mo.
19. (a) 4-18-45 (b) Seraldine Holmes
(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.....
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.