

S. No. 2
M-543
v. 5-17-39
I X36871

FILED NOV 7 1945
Registration District No. 149

Primary Registration District No. 1002

State File No. _____
Registrar's No. 4407

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

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:
MEMORAB Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 days
(Specify whether _____)

In this community 20 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 49

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

(d) Street No. 4156 COLLEGE 8
(If rural, give location)

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

3. (a) PRINT FULL NAME WILLIAM SCHWARTZ

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE (1) 5. Color or race W

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

6. (b) Name of husband or wife JENNIE

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

7. Birth date of deceased MAV 15 1876
(Month) (Day) (Year)

8. AGE: Years 69 Months 5 Days 9 If less than one day hr. _____ min. _____

9. Birthplace NOT KNOWN RUMANIA 6
(City, town, or county) (State or foreign country)

10. Usual occupation REFUSED GROCER

11. Industry or business _____

12. Name DAVID SOLOMON

13. Birthplace NOT KNOWN RUMANIA 6
(City, town, or county) (State or foreign country)

14. Maiden name NOT KNOWN

15. Birthplace NOT KNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant JENNIE SCHWARTZ

(b) Address 4156 COLLEGE

17. (a) BURIAL (b) Date thereof 10-26-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SHEFFIELD

18. (a) Signature of funeral director J.P. Louis FUNERAL HOME

(b) Address K.C. MO.

19. (a) 10-26-45 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 24th
year 1945 hour 4 am minute _____ M.

21. I hereby certify that I attended the deceased from 10/10/45
45 19, to 10-24-45 19.

that I last saw him alive on 10/23-45 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Total Anemia

Due to Post operative gastroenterostomy

Due to Coronary Failure

Other conditions (Include pregnancy within 3 months of death) 129

Major findings: Of operations adhesions 10/13/45

Of autopsy none

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) _____ (b) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address 1028 Parkway Date signed 10/24/45

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.....

Clarence D. Carson....., Registered Apprentice No. *389*
working under my personal supervision.

Signed..... *A. L. Lewis*.....

Licensed Embalmer No. *3110*.....

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.