

FILED DEC 28 1945

STANDARD CERTIFICATE OF DEATH

State File No.

5129

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH: Jackson,
 (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: Menorah Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: 6 days
 (Specify whether
 In this community: 10 years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Missouri (b) County: Jackson, 48
 (c) City or town: Kansas City, ?
 (If outside city or town limits, write "RURAL")
 (d) Street No.: Villa Serena Apartments 8
 (If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country: #

3. (a) PRINT FULL NAME: Mrs. Rose J. Wolfson
 3. (b) If veteran, name war: no.
 3. (c) Social Security No.: no.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month: December day: 11
 year: 1945 hour: 7 minute: P M.

4. Sex: female
 5. Color or race: white
 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife: Alfred F. Wolfson
 6. (c) Age of husband or wife if alive: dec. 1874 years
 7. Birth date of deceased: April 21 1874
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1, 1945 to Dec 11, 1945
 that I last saw her alive on Dec 11, 1945
 and that death occurred on the date and hour stated above.
 Immediate cause of death: Duration

8. AGE: Years: 71 Months: 7 Days: 21 20 hr. min.

↑ Vascular sclerosis 2 yrs
 ↑ Generalized arterio-sclerosis 2 yrs
 ↑ Coronary thrombosis 3 days
 Other conditions (Include pregnancy within 3 months of death)

9. Birthplace: Illinois (City, town, or county) (State or foreign country)
 10. Usual occupation: at home

Major findings: Of operations: 85K
 Of autopsy:
 PHYSICIAN: Underline the cause to which death should be charged statistically.

11. Industry or business: X
 12. Name: Turkikova, L. S.
 13. Birthplace: Illinois, 1 (City, town, or county) (State or foreign country)
 14. Maiden name: Flora Levy (State or foreign country)
 15. Birthplace: Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant: Fred J. Wolfson,
 (b) Address: 1 West 69th St., Kansas City, Mo.
 17. (a) cremation (b) Date thereof: 12-13-45
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: Elmwood Cemetery

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 injury)
 Signature: A. L. ... (M. D. or other)
 Address: 420 Prof. Date signed: 12-12-45

18. (a) Signature of funeral director: Stine & McClure,
 (b) Address: 3235 Gillham Plaza, K. C., Mo.
 19. (a) 12-12-45 (b) Geraldine Holmes
 (Date received local registrar) (Registrar's signature)

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

Dr. A. Morris Ginsburg

[Handwritten signature]
[Handwritten signature]

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 Robert H Reed
Licensed Embalmer No. 3745
P. O. Address N. 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.