

Registration District No. 149 Primary Registration District No. 1003

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: Menorah Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 11 Days
 In this community 18 Years
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Fae Rosenzweig
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Paul Rosenzweig
 6. (c) Age of husband or wife if alive 47 years
 7. Birth date of deceased September 23 1899
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>3</u>	<u>11</u>	hr. min.

9. Birthplace Centerville Iowa
 (City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

MOTHER FATHER {
 12. Name Hyman Chapman
 13. Birthplace Russia
 (City, town, or county) (State or foreign country)
 14. Maiden name Estner Ginsberg
 15. Birthplace Lithuania
 (City, town, or county) (State or foreign country)

16. (a) Informant Paul Rosenzweig

(b) Address 525 E. Armour, K. C., Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-5-46
 (Month) (Day) (Year)

(c) Place: burial or cremation Des Moines, Iowa

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

(b) Address 3400 Woodland Ave., K. C., Mo.

19. (a) 1-5-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 525 East Armour
 (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 4th year 1946 hour 8:15 minute A M.
 21. I hereby certify that I attended the deceased from Dec 24 1945 to Jan 4 1946
 that I last saw her alive on Jan 4 1946 and that death occurred on the date and hour stated above.
 Immediate cause of death acute cardiac collapse
Pneumonia
Dysplasia
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations 33a
 Of autopsy

Duration
 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) Means of injury
 23. Signature L. J. Slippy (M. D. or other)
 Address 1015 Pitt Blvd Date signed 1-4-46

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 B. A. Regan.....

Licensed Embalmer No. 3979.....

P. O. Address H. C. Md......

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.