

S. No. 2
M-5-43
5-17-39
I X3667

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **97078**
Registrar's No. **1216**

FILED MAR 27 1946

Registration District No. **149** Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **JACKSON**
(b) City or town **KANSAS CITY**
(c) Name of hospital or institution:
5221-ROCKHILL ROAD /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **62 YEARS** years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **JACKSON 48**
(c) City or town **KANSAS CITY 3**
(If outside city or town limits, write "RURAL")
(d) Street No. **5221-ROCKHILL ROAD 8**
(If rural, give location)
(e) Citizen of foreign country? **YES 0** (Yes or No)
If yes, name country **GERMANY**

3. (a) PRINT FULL NAME **MRS. REBECCA STERN**
3. (b) If veteran, **No** name war. 3. (c) Social Security No. **NONE**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **MARCH** day **8TH** year **1946** hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from **3/6/42** to **3/8/46** 19____; that I last saw her alive on **3/7/46** 19____; and that death occurred on the date and hour stated above.

4. Sex **FEMALE** 5. Color of race **WHITE**
6. (a) Single, widowed, married, divorced **WIDOWED**
6. (b) Name of husband or wife **MR. MOSES STERN** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **APRIL 29 1866**
(Month) (Day) (Year)

Immediate cause of death **Summit of L. Kidney malignant**
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) **52a**

8. AGE: Years Months Days If less than one day
85 10 9 hr. _____ min.

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

9. Birthplace **GERMANY**
(City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business _____

12. Name **JACOB OPPENHEIMER**

13. Birthplace **GERMANY**
(City, town, or county) (State or foreign country)

14. Maiden name **HANSEN**

15. Birthplace **GERMANY**
(City, town, or county) (State or foreign country)

16. (a) Informant **MISS CLARE T. STERN**

(b) Address **5221-ROCKHILL ROAD**

17. (a) **BURIAL** (b) Date thereof **MAR-11-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **ELMWOOD CEMETERY**

18. (a) Signature of funeral director **D. V. Newcomer's Sons**

(b) Address **1401-BRUSH CREEK BLYD**

19. (a) **3-11-46** (b) **Maldine Holmes**
(Date received local registrar) (Registrar's signature)

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) (d) Means of injury _____

23. Signature **H. R. Ah. Williams** (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)
Address **1300 Bryant Blvd** Date signed **3/7/46**

(Licensed Embalmer's Statement on Reverse Side)

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

8033

1310
3-5
Bryant 1889

[Handwritten scribbles]

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 *Clasar Hothey*

Licensed Embalmer No. 1767

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.