

S. No. 2  
M-5-43  
5-17-39  
I X34671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STANDARD CERTIFICATE OF DEATH

State File No. **13413**  
Registrar's No. **1784**

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

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: **Memorah Hospo**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2 Mo** (Specify whether years, months or days)  
In this community **55 yrs.**

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. **626 W. 58th St.** **8**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **BESSIE C. WALDNER**  
(b) If veteran, name war **No**  
(c) Social Security No. **None**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Apr** day **13** year **1946** hour **10** minute **15 P** M.  
21. I hereby certify that I attended the deceased from **Feb 15 46** to **Apr 13 46**  
that I last saw h. **45** alive on **Apr 13 1946** and that death occurred on the date and hour stated above.

4. Sex **Fe** 5. Color or race **Wh**  
6. (a) Single, widowed, married, divorced **2**  
6. (b) Name of husband or wife **Joseph**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **June 23, 1889**  
(Month) (Day) (Year)

Immediate cause of death **Cancer Polyp, Edema + congestion**  
Due to \_\_\_\_\_  
Due to **Carcinoma of stomach**  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
**56** **9** **20** hr. \_\_\_\_\_ min.

9. Birthplace **N. Y City** (City, town, or county) **N. Y** (State or foreign country)  
10. Usual occupation **House wife**

11. Industry or business \_\_\_\_\_  
12. Name **Ernest Lukin**  
13. Birthplace **Russia** (City, town, or county) (State or foreign country)  
14. Maiden name **Rosa Rabinowitz**  
15. Birthplace **Russia** (City, town, or county) (State or foreign country)

Major findings: Of operations **1108**  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant **Joe Greenbaum**  
(b) Address **K. C. Mo**  
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **4-16-46**  
(Month) (Day) (Year)  
(c) Place: burial or cremation **Sheffield Cem**  
18. (a) Signature of funeral director **J. P. Houls**  
(b) Address **K. C. Mo**  
19. (a) **4-16-46** (Date received local registrar) (b) **Geraldine Holmes** (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) (e) Means of injury \_\_\_\_\_  
23. Signature **W. B. Bledy** (M. D. or other) **W. B. Bledy**  
Address \_\_\_\_\_ Date signed **4/15/46**

(Licensed Embalmer's Statement on Reverse Side)

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

13413

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**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. Legan  
Licensed Embalmer No. 3979  
P. O. Address H. C. W.

**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.**