

No. 2
1-2-43
5-17-39
X33697

FD JUN 14 1946
Registration District No. 1002

Primary Registration District No. 1002

1. PLACE OF DEATH: Jackson
(a) County Jackson
(b) City or town K.C.
(c) Name of hospital or institution: Research Hospital
(d) Length of stay: In hospital or institution 6 days
In this community 4 1/2 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Me. (b) County Jackson 47
(c) City or town K.C.
(d) Street No. 1715
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME HELEN K. BERELL
3. (b) If veteran, name war no
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 22
year 1946 hour 5:45 minute A.M.
21. I hereby certify that I attended the deceased from April 14 1945 to May 22 1946
that I last saw her alive on May 21 1946
and that death occurred on the date and hour stated above.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced or widowed
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 10 1870

Immediate cause of death: Pulmonary Embolism
Duration

8. AGE: Years 70 75 Months 11 Days 12
If less than one day hr. min.

Due to Cardiac asthma + thrombi formation
Due to

9. Birthplace Austria
10. Usual occupation Housewife

Other conditions: 940
Major findings: Of operations
Of autopsy

MOTHER FATHER
11. Industry or business
12. Name S. Krakauer
13. Birthplace Austria
14. Maiden name Port Know
15. Birthplace Austria

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Elias Berell
(b) Address 921 Sunwood
17. (a) Burial (b) Date thereof 5/24/46
(c) Place: burial or cremation Rose Hill Cem.
18. (a) Signature of funeral director Carroll - Darden
(b) Address 3024 7th
19. (a) 5-24-46 (b) Geraldine Holmes

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?
(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
Signature Harold A. Platt (M. D. or other) M.D.
Address 1132 Prof. Bldg. Kansas Date signed 5/24/46

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 Kathryn E. Davidson

Licensed Embalmer No. 3648

P. O. Address Kansas City, 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.