

FILED JUL 16 1946

Registration District No. 149

Primary Registration District No. 1002

2944

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 since 6-28-46
In this community Since 1880 (Specify whether years, months or days)

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. Locamo Apartments
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____ X

3. (a) PRINT FULL NAME Mrs. Emile B. Berkowitz

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex female / 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Wm. J. Berkowitz 6. (c) Age of husband or wife if alive, dec. years
7. Birth date of deceased February 7, 1867
(Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 28 If less than one day
hr. 1 min.

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

10. Usual occupation at home

11. Industry or business X

12. Name Simon Block
13. Birthplace Czechoslovakia
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant W. J. Berkowitz
(b) Address 235 Ward Parkway, K. C., Mo.

17. (a) burial (b) Date thereof 7-7-46
(Burial, cremation, or removal) (Month) (Day) (Year)
Rose Hill

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 7-5-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6th
year 1946 hour _____ minute A. M.

21. I hereby certify that I attended the deceased from 1946 to July 5, 1946
that I last saw him alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis & Cerebral Ischemia

Due to Arteriosclerosis

Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 9/12
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) (e) Means of injury _____

23. Signature Fred Deery (M. D. or other) M.D.
Address 1610 Pryor Bldg K.C. Mo Date signed 7-5-46

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

MOTHER FATHER

Drs. Irving and Heller

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

Joel Blair Shuppard

Licensed Embalmer No. *4179*

P. O. Address *K.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.