

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURALS" and name of township)  
(c) Name of hospital or institution: Memorial Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 mo (Specify whether years, months, or days)  
In this community 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURALS")  
(d) Street No. 229 Ward Parkway (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Emma Holzmank

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color of race W 6. (a) Single, widowed, married divorced

6. (b) Name of husband or wife Albert Holzmank 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Dec-28-1872  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>0</u>	<u>27</u>	hr. min.

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

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

12. Name Not known

13. Birthplace Not known  
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known  
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph F. Holzmank  
(b) Address 11241 Huntington Road

17. (a) Burial (b) Date thereof 1-28-47  
(Burial or cremation) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cem.

18. (a) Signature of funeral director Edgar J. Fox  
(b) Address Kansas City, Kansas

19. (a) 1-27-47 (b) Therese Holzman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25 year 1947 hour 11 minute P M.

21. I hereby certify that I attended the deceased from Dec 1946 to 1-25 1947.  
that I last saw him alive on 1-25 1947.  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Atherosclerosis  
Myocarditis  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 932

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 15  
23. Signature Fred Drey (M. D. or other) \_\_\_\_\_  
Address K-C Mo. Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No. *8998*

P. O. Address *N. C. K.*

**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.**