

UNITED STATES BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9363**
Registrar's No. **1523**

FILED APR 14 1947
Registration District No. **749**

Primary Registration District No. **1002**

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

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: St. Joseph Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 days
In this community 24 yrs.
(Specify whether years, months or days)

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

4. Sex F **5. Color of race** W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife MORRIS
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. 27, 1876
(Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 2
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Henry Risman
13. Birthplace Russia
(City, town, or county) (State or foreign country)
14. Maiden name Anna June
15. Birthplace Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Esther Rosenberg
(b) Address 3104 Benton, K.C. Mo.

17. (a) Burial **(b) Date thereof** 3/30/47
(Burial, cremation, or removal) (Month) (Day) (Year)
Sheffield Cem
(c) Place: burial or cremation

18. (a) Signature of funeral director J.P. Louis Funeral Home
(b) Address 3400 Woodland Ave., Kansas City, Mo.

19. (a) 4-1-47 **(b) Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

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. 3104 Benton Blvd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 29th
year 1947 hour 1:00 minute P M.
21. I hereby certify that I attended the deceased from 1945, 19 , to Mar 29, 1947
that I last saw her alive on Mar 29, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Due to Diabetes 19 years

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations U1
Of autopsy

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 3/30/47
(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 D.P. Klepinger (M. D. or other)
Address 615 Angyle Bldg **Date signed** 3/31/47

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..... *A. L. Lewis*

Licensed Embalmer No. *3110*

P. O. Address..... *KC. 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.