

No. 2
-12-45
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21143**
Registrar's No. **2561**

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:
Menorah Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community 52 yrs (Specify whether years, months or days)

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Adolph Pucker 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased March 10, 1876
(Month) (Day) (Year)

8. AGE: Years 71 Months 3 Days 2 If less than one day hr. min.

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

10. Usual occupation Hosuewife

11. Industry or business Harry Jacobs

12. Name Russia

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name II

15. Birthplace Adolph Pucker
(City, town, or county) (State or foreign country)

16. (a) Informant 3406 Garfield

(b) Address Burial (b) Date thereof 6/13/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheffield Cem

18. (a) Signature of funeral director J.P. Louis, Funeral Home

(b) Address 3400 Woodland Ave., K.C., Mo.

19. (a) 6-13-47 (b) Heraldine 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. 3406 Garfield
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12 year 1947 hour 12 minute 30 A.M.
21. I hereby certify that I attended the deceased from June 12, 1947 to June 12, 1947 that I last saw him alive on June 12, 1947 and that death occurred on the date and hour stated above.
Immediate cause of death Coronary failure Duration

Due to Chr. myocarditis
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: 93 D
Of operations
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
(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) (c) Means of injury
23. Signature Dr. Sidney B. Evans M. D. or other P.O.
Address 1127 Forest Date signed June 13, 1947

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

MOTHER FATHER

305
Altman
Bldg.

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..... *D. L. Lewis*

Licensed Embalmer No. *3110*

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.