

No. 2  
-12-45  
-17-39  
X47070

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31300

FILED SEP 23 1947  
Registration District No. 149

State File No. \_\_\_\_\_  
Registrar's No. 3869

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:  
Neurological Hosp 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days  
(Specify whether years, months or days)

In this community 26 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 6733 Prospect 8  
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Blanche Lerner

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Fe 5. Color or race Wh

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Paul 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Not known  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>57</u>			hr. min.

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

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name Harry Nathan Planzer

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

14. Maiden name Rose

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

16. (a) Informant Paul H. Lerner

(b) Address K. C. Mo

17. (a) Burial (b) Date thereof 9-11-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Carmel Cem.

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

(b) Address K. C. Mo

19. (a) 9-10-47 Geraldine Palmer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10  
year 1947 hour \_\_\_\_\_ minute 4 A.M.

21. I hereby certify that I attended the deceased from 1942, 19 \_\_\_\_\_, to Sept 9, 19 47;  
that I last saw him alive on Sept 9, 19 47;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Coronary occlusion after a stroke

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 91a

Of operations \_\_\_\_\_

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? \_\_\_\_\_

23. Signature B. Louis (M. D. or other) \_\_\_\_\_  
Address 1418 Professional Bldg Date signed 9-10-47

---

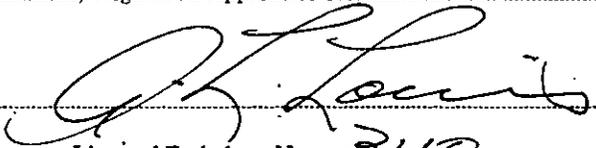
**STATEMENT BY LICENSED EMBALMER**

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.....



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.**