

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: General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hrs.
(Specify whether
In this community 22 years
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. 2015 Linwood Blvd.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ESTHER MELNICK

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

4. Sex F 5. Color or race White
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Morris 6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased April 5 1910
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
37 37 6 21 1 hr. 1 min.

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

10. Usual occupation Housewife

11. Industry or business _____
12. Name Morris Kross
13. Birthplace Russia
(City, town, or county) (State or foreign country)
14. Maiden name Celia Kamen
15. Birthplace Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Morris Melnick
(b) Address 2015 Linwood

17. (a) Burial (b) Date thereof 10-27-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sheffield

18. (a) Signature of funeral director J. P. Louis
(b) Address 3400 Woodland

19. (a) 10-27-47 (b) Gertrude Holme
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 26
year 1947 hour 5 minute 45 M.
21. I hereby certify that I attended the deceased from March
47, 1947, to Oct 26, 1947
that I last saw her alive on Oct 26, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure

Due to chr. myocarditis

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 93d
Of autopsy _____
PHYSICIAN _____
Underline the cause of 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 Philip Stapler (M. D. or other) _____
Address Lee's Summit, Mo. Date signed 10/26/47

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

MOTHER FATHER

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.....

Gayl Buckingham

..... Licensed Embalmer No. *2756*.....

..... P. O. Address *R.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.