S. No. 300
M—10-47
v. 5-17-39
o I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 1 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4872
Registrar's No. 692

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: 6021 WORNALL ROAD 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution - - - - - - - (Specify whether years, months or days)
In this community 66 YEARS

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. 6021 WORNALL ROAD 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country - - - - - -

3. (a) PRINT FULL NAME MRS. ELLA HIRSCHFELD
3. (b) If veteran, name war No
3. (c) Social Security No. NONE
4. Sex FEMALE 1
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MR. I. HIRSCHFELD
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased JANUARY (Month) 9 (Day) 1882 (Year)

8. AGE: Years 66 | Months 1 | Days 5 | If less than one day ___ hr. ___ min.

9. Birthplace CLAY COUNTY (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business - - - - - - -
FATHER
12. Name T. J. BEALE
13. Birthplace CLAY COUNTY (City, town, or county) MISSOURI (State or foreign country)
MOTHER
14. Maiden name CLARA McBRIDE
15. Birthplace INDEPENDENCE (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant MR. I. HIRSCHFELD
(b) Address 6021 WORNALL ROAD
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB-16-1948 (Month) (Day) (Year)
(c) Place: burial or cremation WOODLAWN CEMETERY INDEPENDENCE, MISSOURI
18. (a) Signature of funeral director D. H. Newcomers Sons
(b) Address 1401 - BRUSH CREEK BLVD
19. (a) 2-16-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 14TH year 1948 hour 5 minute 30 A.M.
21. I hereby certify that I attended the deceased from Feb. 1940 to Feb. 14, 1948 that I last saw her alive on Jan. 29, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	8 days
Due to Arterial Hypertension	8 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations None 830
Of autopsy None

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? (Specify type of place) 0
While at work? (e) Means of injury

23. Signature Kenneth C. Davis (M. D. or other) M.D.
Address 201 Plaza Theater Bldg. Date signed 2-16-48
Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

207 Maya Theatre Bldg.
10:30 a.m.

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 Bernard L Horan

Licensed Embalmer No. 4260

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.