S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12558

FILED MAY 7 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1761

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WRITE PLAINLY—USING 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: Admiral Blvd & Grand (auto Accident) (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Died on way to General (Specify whether

In this community 43 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. 1217 Admiral Blvd. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Anna Finkelstein

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Morris

6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased November (Month) 28 (Day) 1878 (Year)

8. AGE: Years 69 Months 4 Days 22 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business XX

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Poland (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Poland (State or foreign country)

16. (a) Informant Martin Finkelstein

(b) Address 5851 Wornall

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-22-48 (Month) (Day) (Year)

(c) Place: burial or cremation Sheffield

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

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

19. (a) 4-22-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20 year 1948 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Shock

Due to Skull Fracture

Due to Auto Trauma

Other conditions (Include pregnancy within 3 months of death) (Car & Pedestrian)

Major findings: Of operations Deputy Coroner

Of autopsy History & Inspection

Duration

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) Accident

(b) Date of occurrence 4/20/48

(c) Where did injury occur? Kansas City Mo (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)

While at work No (e) Means of injury Trauma

23. Signature A. E. Upsher (M. D. or Coroner) MD

Address 2800 Main Date signed 4/21/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

NOV 15 1949

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 Guy Buffington

Licensed Embalmer No. C 2756

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.