

FILED APR 24 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 112808

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1492

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Menger-H Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1-15/48 4/4/48
(Specify whether years, months or days) 3.8 yr

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. 67th St Jackson 48
(b) City or town Kansas City Mo. 3
(If outside city or town limits, write "RURAL") 8
(c) Street No. 711 E 71st Ter
(If rural, give location)
(d) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME

Mrs Beal Hussbaum

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced 2
6. (b) Name of husband or wife Oscar
6. (c) Age of husband or wife if alive 1883 years
7. Birth date of deceased Aug 18, (Month) (Day) (Year)

8. AGE: Years 64 Months 7 Days 17/16
If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER
12. Name Mayer Rich
13. Birthplace Poland (City, town, or county) (State or foreign country)
14. Maiden name Fannie (unknown)
15. Birthplace Poland (City, town, or county) (State or foreign country)

16. (a) Informant Louis Hussbaum
(b) Address 711 E 71st Ter, K.C. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/5/48 (Month) (Day) (Year)

18. (a) Signature of funeral director Bluc Ridge
(b) Address R.C. Mo

19. (a) 4-5-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4 year 1948 hour 12 o'clock P M.
21. I hereby certify that I attended the deceased from Nov. 1947, to April 4 1948;
that I last saw him alive on April 4 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Ascaris & pulmonary abscess
pleural effusion
Due to hypoproteinemia & nutritional deficiency wo.
Due to arteriosclerosis & arterio-sclerosis year.
indirect disease
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 131a
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) (e) Means of injury _____
23. Signature Harry Stallard (M. D. or other) MD
Address 1406 Bryant Bldg. Date signed 4-4-48

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

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.

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.