

FILED JUN 1 1948 49
Registration District No. _____

Primary Registration District No. 1002

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

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: Menorah
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5/11/48 5/19/48
(Specify whether years, months or days)

In this community 52 years

3. (a) PRINT FULL NAME Fanny Fredman

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race wh

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

6. (b) Name of husband or wife Ben J. Fredman

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Nov. 21 1896
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>51</u>	<u>5</u>	<u>28</u>
				hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Meyer Eichenberg

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

14. Maiden name Eda White

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

16. (a) Informant Ben J. Fredman

(b) Address 428 W. 68th St. K.C. Mo

17. (a) Burial (b) Date thereof 5/20/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt Carmel

18. (a) Signature of funeral director Carroll Davidson

(b) Address 3024 Truxtave K.C. Mo

19. (a) 5-21-48 Rosaline Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

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

(d) Street No. 428 W. 68th St
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 year 1948 hour 2 minute 10P M.

21. I hereby certify that I attended the deceased from Jan 1, 1945, to May 19, 1948, that I last saw her alive on May 19, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Uterus

Due to Malignancy

Due to Primary in sigmoid

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: yes

Of operations _____

Of autopsy As above

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) _____ (Means of injury)

23. Signature W. W. Brown (M.D. or other) _____

Address 420 Prof Bldg Date signed 5/19/48

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.....

Kathryn E. Davidson

Licensed Embalmer No.....

3648

P. O. Address.....

Kansas City, 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.