

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

19617

FEDERAL BUREAU OF INVESTIGATION

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

2554

National Office of Vital Statistics
FILED JUN 26 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. _____

WRITE PLAINLY—USE 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:
3023 Prospect
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX (Specify whether)

In this community 35 years (Specify whether 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. 3023 Prospect
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Freda Penner

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17
year 48 hour 10:00 minute 02 A.M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Jake

6. (c) Age of husband or wife if alive 74 years

21. I hereby certify that I attended the deceased from April 1, 1948, to June 17, 1948; that I last saw her alive on June 17, 1948; and that death occurred on the date and hour stated above.

7. Birth date of deceased: 1874 (Month) 1874 (Day) (Year)

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

Immediate cause of death: Cerebral Hemorrhage
Arteriosclerosis

Due to _____

Due to _____

Duration 6/14/48
2 1/2 hr. +

9. Birthplace Poland (City, town, or county) (State or foreign country) 4

10. Usual occupation Housewife

11. Industry or business XX

Other conditions Myocardial degeneration (Include pregnancy within 3 months of death) 5 yr +

Due to Thyrototoxicosis 10 yr +

PHYSICIAN

MOTHER FATHER

12. Name Isaac Nabashny

13. Birthplace Poland (City, town, or county) (State or foreign country) 4

14. Maiden name Frances Ida

15. Birthplace Poland (City, town, or county) (State or foreign country) 4

Major findings: Of operations 6-3-48

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Jake Penner

(b) Address 3023 Prospect

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-18-48 (Month) (Day) (Year)

(c) Place: burial or cremation Sheffield

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? _____

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

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

19. (a) 6-18-48 (Date received local registrar) (b) Sheraldine Holman (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature R. R. Becker (M. D., or other) _____

Address 4001 Baltimore K.C., Mo. Date signed 6/18/48

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 Guy Buffington

Licensed Embalmer No. 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.