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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 26 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26398

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3288

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: Little Sisters of the Poor 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1½ years (Specify whether years, months or days)
In this community 1½ 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.: 5331 Highland Ave. 8
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Ethel Elizabeth Kaufman
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: Widow 2
6. (b) Name of husband or wife: unknown
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: February (Month) 18 (Day) 1859 (Year)

8. AGE:

Years	Months	Days	If less than one day
89	5	25	hr. min.

9. Birthplace: (City, town, or county) Germany 4 (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: Fayt Mersel.
13. Birthplace: (City, town, or county) Germany 4 (State or foreign country)
14. Maiden name: unknown
15. Birthplace: (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant: John Kaufman
(b) Address: Atchison, Kansas
17. (a) Removal (Burial, cremation, or removal). (b) Date thereof: 8-13-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Alderson Cemetery, Atchison, Kansas
18. (a) Signature of funeral director: [illegible]
(b) Address: [illegible]
19. (a) 8-13-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13 year 1948 hour 7 minute 30 A. M.
21. I hereby certify that I attended the deceased from Aug 1, 1948 to Aug 13, 1948 that I last saw h. alive on Aug 11, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac failure Acute	3 day
Due to: pneumonia Bronchial	1 week
Due to: Arteriosclerosis	4 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations: no
Of autopsy: no

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)
While at work? (e) Means of injury

23. Signature: John T. Sheppard (M. D. or other) MD
Address: 1102 Grand Date signed 8-12-48

(Licensed Embalmer's Statement on Reverse Side)

JT. @ MO

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.....Wm S. Stanton Jr

Licensed Embalmer No.....3778

P. O. Address.....Atchison, Kan

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.