

No. 300
-10-47
5-17-39
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED AUG 26 1948

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26442
Registrar's No. 3302

Registration District No. 149

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, Missouri
(c) Name of hospital or institution Menorah Hospital
(d) Length of stay: In hospital or institution 8-11-48 to 8-13-48
In this community 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Ray
(c) City or town Richmond
(d) Street No. 112 W Lexington
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Sophie Litman
3. (b) If veteran, name war none
3. (c) Social Security No. none

20. DATE OF DEATH: Month August day 13
year 1948 hour 7 minute 55 P.M.

4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Louis Litman
6. (c) Age of husband or wife if alive 32 years
7. Birth date of deceased April 3 1856

21. I hereby certify that I attended the deceased from Aug 10th 1948 to 8/13/48
that I last saw her alive on 8/13/48
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure
Due to Coronary thrombosis
Due to Arteriosclerosis

Duration
4 days
4 days
20-30 years

8. AGE: Years 92 Months 4 Days 10
If less than one day 4 min.

9. Birthplace Karlsruhe Germany

10. Usual occupation Housewife

11. Industry or business Housekeeping

12. Name Lazarus Baer

13. Birthplace Berlin Germany

14. Maiden name Lucretia Maybach

15. Birthplace Germany

16. (a) Informant Mrs Frieda Litman
(b) Address Richmond Missouri

17. (a) Burial (b) Date thereof 8/13/48
(c) Place: burial or cremation Richmond Mo.

18. (a) Signature of funeral director
(b) Address

19. (a) 8-13-48 (b) Geraldine Holmes

Other conditions: (Include pregnancy within 5 months of death)

Major findings: Of operations 940

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature While at work
Address

OCT 8 1 1948

SEP 17 1948

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 *George D. Hill*

Licensed Embalmer No. 4066

P. O. Address *Putnam, Va*

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.