

FILED OCT 1 1948
1949

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 3911

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: St. Luke's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 weeks
In this community six years
years, months or days (Specify whether)

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. 29 Warner Plaza
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Emily O. Kaufman
3. (b) If veteran, name war No
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September day 25
year 1948 hour 4 minute 45 A.M.
21. I hereby certify that I attended the deceased from 1948 to 1948
Pathologist.
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

4. Sex F 1 5. Color or race W 6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife George H. Kaufman 6. (c) Age of husband or wife if alive 83 years
7. Birth date of deceased November 28th, 1869
(Month) (Day) (Year)

Immediate cause of death Gangrene Ilium
Due to Thrombosis Superior Mesenteric Artery
Due to Hypertensive Heart Disease.

8. AGE: Years Months Days If less than one day
78 9 27 hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 95.2
Of operations _____
Of autopsy Same

9. Birthplace Chicago, Illinois 1
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Tosten Olson 1
13. Birthplace Norway 1
(City, town, or county) (State or foreign country)
14. Maiden name Ingeborg Olson 4
15. Birthplace Norway 4
(City, town, or county) (State or foreign country)

16. (a) Informant George H. Kaufman
(b) Address 29 Warner Plaza

17. (a) Burial (b) Date thereof 9-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery
18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City, Missouri

19. (a) 9-25-48 (b) Stearldine Holmes
(Date received local registrar) (Registrar's signature)

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)
(c) Means of injury 1
23. Signature C. J. Schmidt (M. D. or other) _____
Address St. Luke's Hospital Date signed _____

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.....

..... Licensed Embalmer No.....

P. O. Address:.....

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.