

No. 300
-10-47
5-17-39
1 3906

FILED NOV 4 1948
Registration District No. 1002

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
(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 8³⁰pm - 10⁴⁰pm
(Specify whether years, months or days)

In this community 35 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County JACKSON 48

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

(d) Street No. 720 VIRGINIA
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Galitzky, Mrs. Dora Edith

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex F 5. Color or race W.

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

6. (b) Name of husband or wife Moses Galitzky

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>APPROX 57</u>			hr. _____ min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER

12. Name VELVA (COHEN) AZORSKY

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

14. Maiden name ANNA ZIRAL

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

16. (a) Informant MOSES GALITZKY

(b) Address 720 VIRGINIA

17. (a) BURIAL (b) Date thereof 10-17-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SHEFFIELD

18. (a) Signature of funeral director J. P. LOUIS FUNERAL HOME
(b) Address 3400 WOODLAND AVE. K.S. MO.

19. (a) 10-16-48 (b) Maldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15
year 1948 hour 10:30 minute 30P M.

21. I hereby certify that I attended the deceased from 1943
19. to Oct 15, 1948
that I last saw h. he alive on Oct 15, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to hypertension with arteriosclerosis

Due to _____

Other conditions. (Includes pregnancy within 3 months of death)

Major findings:
Of operations none

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? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

23. Signature L. M. Shapiro (M. D. or other) MD
Address 1212 Park Blvd Date signed 10-16-48
While at work? _____ (Specify type of place)
(b) Means of injury L. M. Shapiro

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.....

Joseph M. McCarthy....., Registered Apprentice No. 275
working under my personal supervision.

Signed Ray Buffington
Licensed Embalmer No. 1076
P. O. Address 100 No

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.