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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 4 1948

Registration District No. 49

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 33119

Registrar's No. 3984

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

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town K.C.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Josephs Hosp. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 weeks (Specify whether
In this community 58 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson 48 3 8
(c) City or town K.C.
(If outside city or town limits, write "RURAL")
(d) Street No. 3605 Paseo
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ROSE. TALMAN.
3. (b) If veteran, name war No
3. (c) Social Security No. No.

4. Sex F 1
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Leo Talman
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased March (Month) 25th (Day) 1889 (Year)

8. AGE: Years 59 Months 6 Days 4 If less than one day hr. min.

9. Birthplace New York (City, town, or county) U.S. (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name Louis Cohn
13. Birthplace (City, town, or county) Russia (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Russia (State or foreign country)
16. (a) Informant Leo Talman
(b) Address 3605 Paseo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/30/48 (Month) (Day) (Year)
(c) Place: burial or cremation Rose Hill Cem.
18. (a) Signature of funeral director Carroll-Davidson
(b) Address 3024 Troost av
19. (a) 9-30-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 29 day Sept
year 1948 hour 3:05 minute 9 M.
21. I hereby certify that I attended the deceased from Feb. 14 1945 to Sept 29 1948
that I last saw her alive on Sept 28 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma Uterus	1945
Due to	
Due to	
Other conditions Diabetes Mellitus (Include pregnancy within 3 months of death)	1947

Major findings:
Of operations
Of autopsy 48 B

PHYSICIAN
Underline the cause of 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 0
23. Signature [illegible] (M. D. or other)
Address 612 Professional Bldg Date signed 9/29/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Kathryn E. David

Licensed Embalmer No. 3648

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.