

No. 300
-10-47
-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36654
Registrar's No. 4908

FILED DEC 14 1948/49
Registration District No. _____

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: St. Joseph
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 weeks
(Specify whether years, months or days)

In this community 6 WEEKS
(years, months or days)

3: (a) PRINT FULL NAME Lillian Jean Kamisar

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Henry

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

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

8. AGE: Years Months Days If less than one day

Approx 39 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Louis A. Benjamin

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

14. Maiden name Libby Louise Selman

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

16. (a) Informant Helen Louise Kamisar

(b) Address Webb City, Missouri

17. (a) Removal (b) Date thereof 12-1-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Webb City, Missouri

18. (a) Signature of funeral director: J. P. Louis Funeral Home

(b) Address 3400 Woodland Ave. K. C. Mo.

19. (a) 12-1-48 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. Webb City, Missouri
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 30
year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from June 1947
_____, 19____, to 11/30, 1948
that I last saw h. ex alive on 11/30, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory

Due to Malaria of CA

Due to Carcinoma of breast

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 50

Of operations _____

Of autopsy _____

Duration _____

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 _____

Signature J. A. Growdon (M. D. or other) MD

Address 1103 Grand K.C. Mo Date signed 12/1/48

NET 8 1 1920

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. M. C. Carthy, Registered Apprentice No. 275
working under my personal supervision.

Signed Guy Buffington
Licensed Embalmer No. 2756
P. O. Address. K C M D

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.