No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 14 1948

Registration District No. 7/9

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 36670

Registrar's No. 40663

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: U
Menorah
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11/23/48 to 12/4/48 (Specify whether
In this community 56 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

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

(d) Street No.: 5636 Troost
(If rural, give location)

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

If yes, name country: xx

3. (a) PRINT FULL NAME: Mrs Hermine Klein

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: Adolph

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

7. Birth date of deceased: April (Month) 4 (Day) 1872 (Year)

8. AGE: Years 76 Months 8 Days 0 If less than one day hr. min.

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

10. Usual occupation: Housewife

11. Industry or business: XXXXX

MOTHER FATHER

12. Name: Samuel Rosenberg

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

14. Maiden name: unknown

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

16. (a) Informant: Mrs. Jack Sight

(b) Address: 3600 West 64th

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-6-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Carmel

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

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

19. (a) 12-4-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 4 year 48 hour 9 minute 55 A.M.

21. I hereby certify that I attended the deceased from ....., 19..., to 12-4-48, 19...; that I last saw h~~er~~ alive on 12-4-48, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac decompensation	days
Due to: Hypertension	years
Due to:	
Other conditions (Include pregnancy within 3 months of death): Carcinoma of colon	2-3 months

Major findings:
Of operations: 1 10 2
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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: Harry Statland (M.D.) (M. D. or other)

Address: 1406 Brigham Bldg Date signed

(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 Joseph Monte Carthy, Registered Apprentice No. 275, working under my personal supervision.

Signed Guy Buffington

Licensed Embalmer No. 3256

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.