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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 8 1949

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40229

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5158

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 512 Woodland, Convalescent Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Yr 4 (Specify whether
In this community 20 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Jackson 48
(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL")
(d) Street No. 515 Tracy 8
(If rural, give location) 0
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Bohemia

3. (a) PRINT FULL NAME Jennie Long
3. (b) If veteran, name war MO
3. (c) Social Security No. none
4. Sex Fe 1
5. Color or race Wh
6. (a) Single, widowed, married, divorced Single ()
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Mar (Month) (Day) 1863 (Year)
8. AGE: Years 85 Months Days If less than one day hr. min.
9. Birthplace Bohemia (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name Unknown 4
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name 4
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Jewish Institute
(b) Address 1000 Admiral Blvd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 20th-48 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cem
18. (a) Signature of funeral director Carroll-Davidson
(b) Address 3024 Troost
19. (a) 12-19-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16th year 1948 hour 3 minute 40 p.m.
21. I hereby certify that I attended the deceased from Mar 31, 1947, to Dec 16, 1948; that I last saw her alive on Dec. 15, 1948, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, Chronic — Duration 10 years
Due to —
Due to —
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
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 Frederick E. Wade (M. D. or other) MD
Address 3346 Summit Date signed Dec 17 1948

(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. Davidson

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.