

Registration District No. 149

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 Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11/9/48 to 12/8/48
(Specify whether _____)
In this community 9 years
years, months or days)

3. (a) PRINT FULL NAME Mrs Eva Rudner
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 Beril
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years 75 Months _____ Days _____
If less than one day approx. 75 hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business XXX

12. Name Pinchus Schnur

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

14. Maiden name Udel Hannah (unknown)

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

16. (a) Informant David Rudner

(b) Address 3022 3125 Troost

17. (a) Burial (b) Date thereof 12-9-48
(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. C. Mo.

19. (a) 12-9-48 (b) Sheladine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2121 East 33rd St. 8
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country XXXX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 8
year 1948 hour 12 minute 05 P.M.
21. I hereby certify that I attended the deceased from Nov 7th
1948 to Dec 8th 1948
that I last saw her alive on Dec 8th 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation / no
Due to Hypertension 10 yrs
Chronic Myocarditis 2 yrs
Due to _____

Other conditions Arteriosclerotic Retinal 2 yrs
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations 93 D
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? _____

Joseph Getelson (Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature Joseph Getelson (M. D. or other) M.D.
Address 1191 Krieger Bldg Date signed 12-8-48

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

Signed..... Guy Ruffington

Licensed Embalmer No. 2756

P. O. Address R-2/110

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.