

FILED APR 16 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 12280  
1038

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1038</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City Mo</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>			
c. LENGTH OF STAY (In this place) <u>65 yrs</u>				d. STREET ADDRESS (If rural, give location) <u>107 Ward Parkway</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Thurston Hospital</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Ann</u>		b. (Middle) <u>Berkowitz</u>		c. (Last) <u>Berkowitz</u>	
4. DATE OF DEATH		(Month) <u>3</u>		(Day) <u>4</u>		(Year) <u>49</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>widowed</u>	8. DATE OF BIRTH <u>June 10, 1872</u>	9. AGE (In years last birthday) <u>76</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 YEAR Hours _____ Min. _____	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Furniture</u>		11. BIRTHPLACE (State or foreign country) <u>Poland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Jacob Berkowitz</u>		13b. MOTHER'S MAIDEN NAME <u>Goldie (Not Known)</u>		14. NAME OF HUSBAND OR WIFE <u>Esther Berkowitz.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Sadye Berkowitz</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rt. Heart Failure</u> <u>Left Hydronephrosis</u> <u>Left Pyelonephritis</u> <u>Left nephrolithiasis</u> <u>Perinephritic abscess.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>10001</u>				INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>as above</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2-22</u> , 19 <u>49</u> , to <u>3-4</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3-4</u> , 19 <u>49</u> , and that death occurred at <u>12:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Joseph H. Prantz M.D.</u> (Degree or title)				23b. ADDRESS <u>1103 Grand</u>		23c. DATE SIGNED <u>3-4-49.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Mar. 7, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>?</u>		24d. LOCATION (City, town, or county) (State) <u>Los Angeles Calif.</u>	
DATE REC'D BY LOCAL REG. <u>3-7-49</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>T. P. LOUIS FUNERAL HOME K.C. MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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**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.....

..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Guy Buffington*

Licensed Embalmer No. *2556*

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.