No. 300
10.48

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12301

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1495

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

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City Mo
c. LENGTH OF STAY (in this place): LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Menorah

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson 49
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 3 0
d. STREET ADDRESS (If rural, give location): 4555 Main 0

3. NAME OF DECEASED (Type or Print)
a. (First) (TILLIE) Tillie
b. (Middle) Wechsler
c. (Last) BROD Brod

4. DATE OF DEATH (Month) (Day) (Year): April 2, 1949

5. SEX: F5
6. COLOR OR RACE: Jewish
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: APRIL 29, 1899
9. AGE (In years last birthday): 49 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kansas City, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Meyer Wechsler
13b. MOTHER'S MAIDEN NAME: Sarah (unknown)
14. NAME OF HUSBAND OR WIFE: Walter G. Brod

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: (none)
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Joseph Wechsler 4555 Main, K.C., Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cholemia c̄ sec. hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma of Pancreas (Head) c̄ Chronic Fibrosing Pancreatitis
DUE TO (c): Unknown etiology

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

157X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Chronic fibrosing pancreatitis
20. AUTOPSY? YES ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1948, *to* April 2, 1949, *that I last saw the deceased alive on* 4-2, 1949, *and that death occurred at* 8:45 AM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. Jack Printz MD — O. Jack Printz M.D.
23b. ADDRESS: 1025 Prof Bldg
23c. DATE SIGNED: 4-2/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 4, 1949
24c. NAME OF CEMETERY OR CREMATORY: Mt. Carmel
24d. LOCATION (City, town, or county) (State): Kansas City, Mo.

DATE REC'D BY LOCAL REG.: 4-4-49
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: J.P. Louis Funeral Home, 3400 Woodland

(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 _____ Student Embalmer No. _____, working under my personal supervision.

Signed Guy Buffington

Licensed Embalmer No. 2757

P. O. Address K C Mo

Signed _____
Student Embalmer

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.