

FILED JUL 6 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 22355

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 115

1. PLACE OF DEATH a. COUNTY <u>Yemom 2</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Washington Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>3-5-10</u>		d. STREET ADDRESS (If rural, give location) <u>817 Benton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #3</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida</u> b. (Middle) <u>Kushner</u> c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>6-26-49</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>Sept 12 1877</u>
9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Obv. kind of work done during most of working life, even if retired) <u>house wife</u>	11. BIRTHPLACE (State or foreign country) <u>Russia</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	12. CITIZEN OF WHAT COUNTRY? <u>United States</u>

13a. FATHER'S NAME <u>Mendel Supchita</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah</u>	14. NAME OF HUSBAND OR WIFE <u>Oscar Kushner</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>A.L. Kushner 407 Washington Bldg 9th Fl</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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerotic heart disease</u> DUE TO (c) <u>✓</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3yr +</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>—</u>		<u>4/20</u>

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>—</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>—</u>

22. I hereby certify that I attended the deceased from 6-1- 1946, to 6-26- 1949, that I last saw the deceased alive on 6-25- 1949, and that death occurred at 11:30 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Bunch M.D.</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>State Hospital #3</u>	23c. DATE SIGNED <u>6-26-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-26-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Catherine's</u>	24d. LOCATION (City, town, or county) (State) <u>K.C. Mo.</u>
DATE REC'D BY LOCAL REG. <u>June 28, 1949</u>	REGISTRAR'S SIGNATURE <u>Kathryn H. Yancey</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J.P. Louis</u>	ADDRESS <u>Funeral Home K.C. Mo.</u>

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

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JUL 2 1949

RECEIVED

District Health Officer No. 7,

District File Number 6-49-801

Date Filed 7-5-49

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 Ruffington

Licensed Embalmer No. 2756

Signed _____

Student Embalmer

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.