

FILED APR 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8622

1237

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

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| 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) OR TOWN <u>Kansas City</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Menorah Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>2850 Troost</u> | |

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|--|--|---|--|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> | | b. (Middle) | | c. (Last) <u>Dorch</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>3-13-50</u> | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>1875</u> | |
| 9. AGE (In years last birthday) <u>75</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 24 HRS. Hours _____ Min. _____ | | 11. BIRTHPLACE (State or foreign country) <u>Russia</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |

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|-----------------------------------|--|--|--|--|--|
| 13a. FATHER'S NAME <u>Unknown</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Max Dorch</u> | |
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| 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 ADDRESS <u>Lou Dorch 404 W. 59 Terr</u> | |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemiplegia left</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 mo</u> | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral thrombosis</u> | | <u>1 mo</u> | |
| | | DUE TO (c) <u>Arteriosclerosis</u> | | <u>?</u> | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|------------------------|--|----------------------------------|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
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| 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) | |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 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 3/1 1950 to 3/13 1950, that I last saw the deceased alive on 3/13 1950, and that death occurred at 7:35 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE OF WITNESSES <u>Walter P. Jacob</u> | | 23b. ADDRESS <u>720 Bryant Bldg</u> | | 23c. DATE SIGNED <u>3/13/50</u> | |
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| 24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Mar. 15 50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Sheffield</u> | | 24d. LOCATION (City, town, or county) (State) <u>K.C. Mo.</u> | |
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| DATE REC'D BY LOCAL REG. <u>3-16-50</u> | | REGISTRAR'S SIGNATURE <u>Heraldine Holme</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. P. Harris Funeral Home K.C. Mo</u> | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Guy Buffington

Signed.....
Student Embalmer

Licensed Embalmer No. *2784*

P. O. Address *KC 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.