

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20240

State File No.

2579

No. 300
10-48

FILED JUL 7 - 1951

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (in this place) 28 yrs		d. STREET ADDRESS (If rural, give location) 4530 Charlotte	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4530 Charlotte		3 660	

3. NAME OF DECEASED (Type or Print) HATTIE F. LITMAN			4. DATE OF DEATH (Month) (Day) (Year) June 15, 1951		
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH July 26, 1875		9. AGE (In years last birthday) 75		10. UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Michigan	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Jacob Litman		13b. MOTHER'S MAIDEN NAME Lena Cohen		14. NAME OF HUSBAND OR WIFE Isadore Litman, dec.	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Mr. Samuel A. Litman, 4530 Charlotte, KC Mo.	
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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) Pneumonia Acute		INTERVAL BETWEEN ONSET AND DEATH 12 hrs	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Paralysis Cerebralis (n.m.s.)		15 yrs	
		DUE TO (c) Nutritional Depletion		2 yrs.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				350X	

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)	
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 3-17, 1950, to 6-15, 1951, that I last saw the deceased alive on 6-15, 1951, and that death occurred at 4:30 P m., from the causes and on the date stated above.

23a. SIGNATURE Paul Moss (Degree or title) M.D.		23b. ADDRESS 1112 Bryan Bldg.		23c. DATE SIGNED 6/16/51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Entombment		24b. DATE 6-17-51		24c. NAME OF CEMETERY OR CREMATORY Rose Hill Mausoleum	
24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE, Kansas City, Mo.			
DATE REC'D BY LOCAL REG. 6-17-51		REGISTRAR'S SIGNATURE Geraldine Holmes		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Paul Ross
Bryant Bldg.

Uic 8371 - 12:00-1:00

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 Herald A. Burger

Licensed Embalmer No. 4763

P. O. Address Kansas City, 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.