

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33550**
Registrar's No. **4202**

DECEASED **DUCE 20 1951**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Nebraska b. COUNTY Douglas	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Omaha	
c. LENGTH OF STAY (in this place) 6 days		d. STREET ADDRESS (If rural, give location) 5507 Blondo	
d. FULL NAME OF HOSPITAL OR INSTITUTION Menorah Hospital		4. DATE OF DEATH (Month) (Day) (Year) 10 - 1 - 51	
3. NAME OF DECEASED (Type or Print) a. (First) Dora b. (Middle) Finkelstein c. (Last) Finkelstein		9. AGE (In years last birthday) 82 ⁷ MONTHS 7 DAYS 8 HOURS 51 MIN.	
5. SEX FE	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Approx. 1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY XXX	11. BIRTHPLACE (State or foreign country) Lithuania
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME Isreal Fleischman	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Max	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. XXXXXX	
17. INFORMANT'S SIGNATURE OR NAME Mrs Pearl Grossberg		ADDRESS 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured ileum INTERVAL BETWEEN ONSET AND DEATH about 6 days. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) How narrowed area DUE TO (c) in ileum, congenital II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 9-25 , 19 51 , to Oct 1 , 19 51 , that I last saw the deceased alive on 10/1/51 , and that death occurred at 3:10 P. m. , from the causes and on the date stated above.	
23a. SIGNATURE W. Morris Ginsberg (Degree of title) MD		23b. ADDRESS 4207 Prof Bldg	
23c. DATE SIGNED 10-2-51		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Oct. 3, 1951		24c. NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery	
24d. LOCATION (City, town, or county) (State) Kansas City, Mo.		DATE REC'D BY LOCAL REG. 10-3-51	
REGISTRAR'S SIGNATURE Rosaline Helmer		25. FUNERAL DIRECTOR'S SIGNATURE Louis Funeral Home ADDRESS K. C. Mo.	

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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. 2756

P. O. Address N. 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.