

FILED FEB 2 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1288  
293

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 township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 50 yrs			
d. FULL NAME OF HOSPITAL OR INSTITUTION Sophian Plaza, 4618 Warwick		d. STREET ADDRESS (If rural, give location) 4618 Warwick	

3668

3. NAME OF DECEASED (Type or Print) a. (First) FLORENCE b. (Middle) STERN c. (Last) HARZFELD			4. DATE OF DEATH (Month) (Day) (Year) Jan. 17 1952		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 18, 1868	9. AGE (in years last birthday) 83	10. F UNDER 1 YEAR Months
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) New Orleans, La.	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Meyer Stern		13b. MOTHER'S MAIDEN NAME Caroline Rosenthal		14. NAME OF HUSBAND OR WIFE Siegmund Harzfeld	
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. No		17. INFORMANT'S SIGNATURE OR NAME Mo. ADDRESS David L. Sheffrey, 1011 Commerce Bldg., KC	

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) Carcinoma of Peritoneal cavity ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. . . . DUE TO (b) Primary Carcinoma undetermined DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 2 years  1947	
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19a. DATE OF OPERATION June 1951		19b. MAJOR FINDINGS OF OPERATION Intestinal Obstruction due to Carcinoma		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Sept, 1950, to Jan 17, 1952, that I last saw the deceased alive on Jan 17, 1952, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE Jack W. Wolf (Degree or title) M.D.		23b. ADDRESS 206. Apple Hwy Kansas City, Mo		23c. DATE SIGNED Jan 17, 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) Entombment		24b. DATE 1/20/52		24c. NAME OF CEMETERY OR CREMATORY Rose Hill Mausoleum	
24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE, Kansas City, Missouri			
DATE REC'D BY LOCAL REG. 1-19-52		REGISTRAR'S SIGNATURE Geraldine Holmes			

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

Dr. James T. Smith  
Annapolis, Md. R. 2713  
Ret: 1-3

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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 F. S. Walton

Licensed Embalmer No. 2244

P. O. Address R. 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.