

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25088**  
**3670**

FILED AUG 13 1953

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

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b> |  | c. CITY OR TOWN <b>Kansas City</b>  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <b>16 yrs.</b>  |  | e. STREET ADDRESS (If rural, give location) <b>229 Ward Parkway</b>   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>229 Ward Parkway</b>                                 |  | 73 <b>229 Ward Parkway</b>  |   |

|   |             |           |                                       |
|---|-------------|-----------|---------------------------------------|
| 3. NAME OF DECEASED<br>(Type or Print) <b>MRS. NELLIE ROSENBERG POLLACK</b> |             |           | 4. DATE OF DEATH <b>July 25, 1953</b> |
| a. (First)  | b. (Middle) | c. (Last) | 7. DATE OF BIRTH <b>June 18, 1877</b> |

|                      |                               |   |   |   |                                   |   |   |
|----------------------|-------------------------------|---|---|---|-----------------------------------|---|---|
| 5. SEX <b>Female</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b> | 9. AGE (In years last birthday) <b>76</b> | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <b>Austria - Hungary</b> | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b> |
|----------------------|-------------------------------|---|---|---|-----------------------------------|---|---|

|   |  |   |
|---|--|---|
| 13a. FATHER'S NAME <b>Jonas Rosenberg</b> | 13b. MOTHER'S MAIDEN NAME <b>Frances Schlanger</b> | 14. NAME OF HUSBAND OR WIFE <b>Henry Nathan Pollack</b> |
|---|--|---|

|  |                                     |   |   |
|--|-------------------------------------|---|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b> | 16. SOCIAL SECURITY NO. <b>None</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Harold Pollack</b> | ADDRESS <b>672 N. 57th, Omaha, Nebraska</b> |
|--|-------------------------------------|---|---|

|  |  |                       |  |
|--|--|-----------------------|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION  |                       | INTERVAL BETWEEN ONSET AND DEATH <b>3 mos.</b> |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congestive heart failure</b>   |                       | years <b>41 1/2 X</b>                          |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Rheumatic heart disease</b> |                       |  |
| DUE TO (c) <b>Arteriosclerosis, generalized</b>  |  | years <b>41 1/2 X</b> |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>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 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 MARCH, 1953, to 7-24, 1953, that I last saw the deceased alive on 7-24, 1953, and that death occurred at 3:45 AM, from the causes and on the date stated above.

|   |                                       |                                 |
|---|---------------------------------------|---------------------------------|
| 23a. SIGNATURE <b>Alexander Shifrin</b> (Degree or title) <b>M.D.</b> | 23b. ADDRESS <b>1406 Bryant Bldg.</b> | 23c. DATE SIGNED <b>7/25/53</b> |
|---|---------------------------------------|---------------------------------|

|  |                                |   |  |
|--|--------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b> | 24b. DATE <b>July 25, 1953</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>-</b> | 24d. LOCATION (City, town, or county) (State) <b>Omaha, Nebraska</b> |
|--|--------------------------------|---|--|

|   |  |  |                        |
|---|--|--|------------------------|
| DATE REC'D BY LOCAL REG. <b>7-25-53</b> | REGISTRAR'S SIGNATURE <b>Geraldine Smith</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>STINE &amp; McCLURE UND. CO.</b> | ADDRESS <b>K.C.MO.</b> |
|---|--|--|------------------------|

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

Dr. A. Sheffer  
1406 Bryant Bldg.  
Vi 2967

In office after 11:20 am

JAN 13 1958

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.....  
Signature of Student Embalmer

Signed *F. S. Walton*

Licensed Embalmer No. *2744*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.