

FILED MAR 15 1955 STANDARD CERTIFICATE OF DEATH

State File No. 4852  
662

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

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) <u>Kansas City</u>	c. LENGTH OF STAY (in this place) <u>60 yrs</u>	c. CITY OR TOWN <u>Kansas City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Home for Jewish Aged</u>			
STREET ADDRESS (If rural, give location) <u>7801 Holmes</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Esther</u> b. (Middle) <u>Herschman</u> c. (Last) <u>Herschman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-13-55</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Approx. 80</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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		11. BIRTHPLACE (City and State or Foreign Country) <u>Russia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Joseph Glaser</u>		13b. MOTHER'S MAIDEN NAME <u>Ida Lowenstein</u>		14. NAME OF HUSBAND OR WIFE <u>Bernhardt</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Nathan Glaser</u>		ADDRESS <u>3329 Indiana</u>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anemia, severe, 2ndary</u>	ANTECEDENT CAUSES			<u>Months</u>
DUE TO (b) <u>Peripneumonia pneumonia</u>	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			<u>Months</u>
DUE TO (c)	II. OTHER SIGNIFICANT CONDITIONS <u>arterio-sclerosis</u> <u>senility</u>			<u>yr-s</u>

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)		7041
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 7-4, 1952 to 2-13, 1955, that I last saw the deceased alive on 2-13, 1955, and that death occurred at 5:35 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>B. Marcus Heller</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>409 E. 63rd</u>		23c. DATE SIGNED <u>2-14-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-15-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sheffield</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>2-14-55</u>	REGISTRAR'S SIGNATURE <u>Deva Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis Fun'l Home</u>			ADDRESS <u>K.C. Mo.</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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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.....  
Signature of Student Embalmer

Signed *Guy Buffington*  
Licensed Embalmer No. *272*

P. O. Address *K. C. M.*

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.