

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

**1431**

STATE FILE NUMBER

FILED JAN 22 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3543 Olive</b>		Length of stay in 15 <u>          </u>	d. STREET ADDRESS <b>3543 Olive</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>Ida</b> <i>First</i> <b>R.</b> <i>Middle</i> <b>Portman</b> <i>Last</i>			4. DATE OF DEATH Month <b>Jan.</b> Day <b>6</b> Year <b>1957</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 22, 1869</b>
9. AGE (In years by birthday) <b>87</b>		IF UNDER 1 YEAR Months <u>          </u> Days <u>          </u>	IF UNDER 24 HRS. Hours <u>          </u> Min. <u>          </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Russia</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13. FATHER'S NAME <b>Meyer J. Horovitz</b>	
14. MOTHER'S MAIDEN NAME <b>Mollie Bergen</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>497-36-9988</b>		17. INFORMANT <b>Harry Portman 3543 Olive K. C. Mo.</b> Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Terminal Broncho-pneumonia</b> DUE TO (b) <b>Influenza <del>Paratuberculosis</del></b> DUE TO (c) <b>Diabetes Mellitus</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>Diabetes Mellitus</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b> <b>7 days</b> <b>480x</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY. Hour <u>          </u> Month <u>          </u> Day <u>          </u> Year <u>          </u> a. m. <u>          </u> p. m. <u>          </u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <b>Dec. 31, 1956</b> , to <b>Jan. 6, 1957</b> and last saw her <sup>her</sup> <sub>been</sub> alive on <b>Jan. 5, 1957</b> Death occurred at <b>1 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Kenneth A. Davis M.D.</b>		22b. ADDRESS <b>201 Plaza Theater Bldg. Kansas City, Missouri</b>	
22c. DATE SIGNED <b>1-6-57</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>1/7/57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Sheffield Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Kansas City</b>		23e. STATE <b>Mo.</b>	
24. FUNERAL DIRECTOR <b>Stine &amp; McClure</b> ADDRESS <b>K. C. Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>1-7-57</b>	
26. REGISTRAR'S SIGNATURE <b>neva minshall</b>			

health, Welfare, Public Service  
 300-56  
 Doctor, coroner, etc. must use only standard nomenclature in reporting cause of death. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 Kenneth A. Davis

Dr. Kenneth Davis  
Plaza Theatre Bldg.  
Lb. 1-1104  
Res. 3228 Euclid  
Wq. 1-3685

STATEMENT BY LICENSED EMBALMER

Body not embalmed because of Religious belief.

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *J. Crowell*

Licensed Embalmer No. 49

P. O. Address N. C. M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.