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(6) City or town KARSAS CITY (7) City or town Memorah Hospital (8) City or town Memorah Hospital (8) City or town Memorah Hospital (9) City or town Memorah Hospital (10) Longth of stay: In hospital or institution. Memorah Hospital (11) Longth of stay: In hospital or institution. Memorah Hospital (12) Longth of stay: In hospital or institution. Memorah Hospital (13) City City or town (14) Longth of stay: In hospital or institution. (15) Longth of stay: In hospital or institution. (16) Longth of stay: In hospital or institution. (17) Longth of stay: In hospital or institution. (18) Longth of stay: In hospital or institution. (19) Longth of stay: In hospital or institu	In also on		48
Street No. Age of thospital or institutions Age of the state that Age of the state of th		(a) State MISSOUII (b) County Jackson	
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In this community reason, meantable of days) 3. (c) PRINT FULL NAME 3. (d) If veteran, mane war. no. * n	Menorah Hospital	II.	*
In this community Since 1903 Gaecity whether Strick community Since 1903 Gaecity whether Strick name war, now whether Strick name war, now Now now now now now now now now now now n	(If not in hospital or institution, write street number or location)	(d) Street No	,
In this community same, meants of day) 3. (a) PRINT Mrs, Laura Steini-Weil 3. (b) Wateran, no. No. no. No. no. 4. Sex Female S. Golor or A. (c) Single, widowed, married, d. (d) Name of husband or wife. A. (e) Single, widowed, married, d. (e) Single widowed, married, d. (f) Name of husband or wife. A. (e) Age of husband or wife in alive x years and that death occurred on the date and hour stated above. In a diversity that I stated the deceased from July 3, 1949. 7. Birth date of deceased (Mouth) (Day) (Year) 8. AGE: Years Months Days If less than one day 71 1 1 14 hr. min. (Gits, twwn, or country) (Gits, twwn, or country) at home. Siegment of the date and hour stated above. In that I have a death. The date of the date and hour stated above. In the date of deceased from July 3, 1949. 9. Birthplace Missouri Otto, two, or country) (Gits, twwn, or country) at home. Siegment of the date of the date and hour stated above. In that I have a date of the date and hour stated above. In the date of the date and hour stated above. In that I have a date of the date and hour stated above. In that I have a date of the date and hour stated above. In that I have a date of the date and hour stated above. In that I have a date of the date and hour stated above. In that I have a date of the date and hour stated above. In that I have a date of the date and hour stated above. In that I have a date of the date and hour stated above. In that I have a date of the date and hour stated above. In that I have a date of the date and hour stated above. In that I have a date of the date and hour stated above. In that I have a date of the date and hour stated above. In that I have a date of the date and hour stated above. In that I have a date of the date and hour stated above. In that I have a date of the date and hour stated above. In that I have a date of the date and hour stated above. In that I have a date of the date and hour stated above. I	(Specify what her	(e) Citizen of foreign country? NO.	(Yes or No)
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3. (b) If veteran, mame war. NO. 3. (c) Social Security No. NO	3. (a) PRINT Mrs, Laura Stein Weil	No mah oc	
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4. Ser Female 5. Golor or race White 6. (a) Single, widowed, married, 2dvorced Widowed 6. (b) Name of busband or wife Joseph Weil 7. Birth date of deceased February 11 1873 (Month) (Day) (Clay) (<u>a</u> M.
4. Ser Female race White divorced Widowed 6. (b) Name of husband or wife. Joseph Weil alive x years 7. Birth date of deceased February 11 1873 8. AGE: Years Months Days If less than one day 71 1 14 hr. min 9. Birthplace Missouri (City, town, or county) 10. Usual occupation at home, 11. Industry or business x 12. Name Siegmond Stein, (City, town, or county) 13. Birthplace Uniknown (City, town, or county) 14. Maiden name (City, town, or county) 15. Birthplace (City, town, or county) 16. (c) Informant Jack: Sight (Date thereof, Seate or foreign country) 16. (c) Informant Jack: Sight (Date thereof, Seate or foreign country) 16. (c) Informant Jack: Sight (Date thereof, Seate or foreign country) 16. (c) Informant Jack: Sight (Date thereof, Seate or foreign country) (Date thereof, Seate or foreign country) (Date of oreign country) (Date of occurrence (Date oc	raine war	21. I hereby certify that I attended the deceased from JULY 3	, 1942
and that death occurred on the date and hour stated above. Duration Dura	5. Color or 6. (a) Single, widowed, married,	19 to Nich 3	¥, 19.¥.¥
Joseph Weil alive X years 1 1873 1875 1876	4. Sex Penale /race Wilte Zavorced Wildowed		<u>19_4</u> ;4
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Underline the cause to the ca	11. Industry or business	Major findings:	
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Dr. A. Sophian Bry would be

COLOREDATION TO EXCENDENCE TO TRANSPORT

I hereby certify that t	he body whose name is recorded on the reverse	side of this certificat	e was embalmed by me, or by	
	,	, R	egistered Apprentice No	

working under my personal supervision.

signed E. M. Placele

- Licensed Embalmer No. 1848

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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