

RECORDED DISTRICT
 1953
 REGISTER NUMBER
 99

1. NAME: FIRST MIDDLE LAST
Jew Radar

2. SEX MALE FEMALE
 1 2

3A. DATE OF DEATH MONTH DAY YEAR
 6 5 75

3B. HOUR
 7:30 p.m.

4. RACE: (WHITE, NEGRO, AMERICAN INDIAN, ETC.)
 White

5. AGE YRS.
 74

6A. VETERAN OF U.S. ARMED FORCES? YES NO UNKNOWN

6B. IF YES - SPECIFY WAR, OR DATES OF SERVICE

7A. COUNTY (NYS) GREENE
 7B. TOWN Catskill
 7C. CITY OR VILLAGE
 7D. LENGTH OF STAY IN TOWN, CITY OR VILLAGE 14 days
 7E. HOSPITAL OR OTHER INSTITUTION (IF NEITHER, GIVE STREET & NO.) Greene County Memorial

8. STATE OF BIRTH (COUNTRY, IF NOT USA) New York
 9. DECEDENT BORN MONTH DAY YEAR 5 14 01
 10. CITIZEN OF WHAT COUNTRY? U.S.A.
 11. MARITAL STATUS MARRIED
 12. SURVIVING SPOUSE (IF WIFE, MAIDEN NAME.) WiniFred Schupp

13A. USUAL OCCUPATION (EVEN IF RETIRED) Public Relations
 13B. KIND OF BUSINESS OR INDUSTRY N.Y. Telephone Company
 13C. SOCIAL SECURITY NO. 090-03-4805A

14A. STATE New York
 14B. COUNTY Greene
 14C. TOWN CAIRO
 14D. CITY OR VILLAGE ACRA
 14E. WITHIN THE CORPORATE LIMITS? YES NO
 14F. STREET AND NUMBER Old Kte 23

15A. FATHER'S NAME: FIRST MIDDLE LAST James Radar
 15B. MOTHER'S MAIDEN NAME: FIRST MIDDLE LAST Ida Van (A) ETTA

16A. INFORMANT'S NAME: Mrs. WiniFred Radar
 16B. MAILING ADDRESS: (INCLUDE ZIP CODE) Old Kte 23, ACRA, New York 12405

PART I. DEATH WAS CAUSED BY ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C). APPROXIMATE INTERVAL BETWEEN ONSET & DEATH

17. IMMEDIATE CAUSE (A) *Carcinosis of Liver*
 DUE TO OR AS A CONSEQUENCE OF (B) *5 Abscesses*
 CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. (C)

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A) 18A. AUTOPSY? YES NO
 18B. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING THE CAUSE OF DEATH? YES NO

19A. ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED
 19B. MONTH DAY YEAR
 19C. HOUR
 19D. HOW DID INJURY OCCUR? (ENTER NATURE OF INJURIES IN #17 I, OR II.)
 19E. INJURY AT WORK? YES NO
 19F. PLACE OF INJURY: HOME, FACTORY, OFFICE BLDG., ETC.
 19G. LOCATION (STREET & NO., CITY OR VILLAGE, TOWN, COUNTY, STATE)

20. PART I TO BE COMPLETED BY CERTIFYING PHYSICIAN ONLY -OR- 20. PART II TO BE COMPLETED BY CORONER OR MEDICAL EXAMINER ONLY

A. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED. SIGNED *J. A. Voshurgh* MONTH DAY YEAR 6 6 75
 B. THE PHYSICIAN ATTENDED THE DECEASED C. LAST SEEN ALIVE
 FROM: MONTH DAY YEAR 6 1 73 TO: MONTH DAY YEAR 6 5 75
 D. ATTENDING PHYSICIAN, IF OTHER THAN CERTIFIER: *J. A. Voshurgh*

A. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED. SIGNED _____ TITLE _____
 B. PRONOUNCED DEAD C. HOUR D. DATE SIGNED
 ON _____ AT _____ M. MONTH DAY YEAR
 E. CORONER'S PHYSICIAN, IF OTHER THAN CERTIFIER:

21. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER, MEDICAL EXAMINER, CORONER'S PHYSICIAN, MEDICAL DIRECTOR):
Catskill N.Y. 12405

22A. BURIAL CREMATION REMOVAL
 22B. PLACE OF BURIAL, CREMATION OR REMOVAL Catskill Rural Cemetery
 22C. LOCATION (CITY OR TOWN, STATE) Catskill N.Y.

23A. NAME AND ADDRESS OF FUNERAL HOME Richards Funeral Home, Brass Street, Cairo, New York 12413
 23B. REGISTRATION NO. 02530
 24A. NAME OF FUNERAL DIRECTOR Vincent Joseph Valenti
 24B. SIGNATURE OF FUNERAL DIRECTOR Vincent Valenti
 24C. REGISTRATION NO. 05737

25A. SIGNATURE OF REGISTRAR *Ernest Brandon*
 25B. DATE FILED MONTH DAY YEAR 6 9 75
 26A. BURIAL OR REMOVAL PERMIT ISSUED BY: *Ernest Brandon*
 26B. MONTH DAY YEAR 6 9 75