

NOV 18 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

36646

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township KAW Primary Registration District No. 100  
City Kansas City (No. 3806 Wayne)

2. FULL NAME Jacob J. Hollander

(a) Residence, No. 3806 Wayne St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Katherine Hollander</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 18th 1890</u>		
7. AGE <u>19</u>	YEARS <u>47</u>	MONTHS <u>4</u>
		DAYS <u>21</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Refrigeration</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Liquid Carbonic Co. Service Men</u>		
10. Date deceased last worked at this occupation (month, and year) <u>Oct. 2, 1937</u>		11. Total time (years) spent in this occupation <u>16</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u> <u>New York</u>		
13. NAME <u>Jacob J. Hollander</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Katherine</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT (ADDRESS) <u>Mrs Katherine Hollander</u> <u>3806 Wayne</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Hill</u> DATE <u>Oct 13th 1937</u>		
19. UNDERTAKER (ADDRESS) <u>John Newcomer Sons</u> <u>Kansas City - Mo.</u>		
20. FILED <u>Oct 11 1937</u> <u>M. M. Brown</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 9 1937

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
I last saw him on Oct 9, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 1:15 P.M.  
The principal cause of death and related causes of importance were as follows:  
Coronary Sclerosis  
Chronic Myocardial Infarction  
Date of onset \_\_\_\_\_

Other contributory causes of importance: ABC

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Autopsy Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? Yes  
If so, specify \_\_\_\_\_  
(Signed) Russell W. Fen, M. D.  
(Address) \_\_\_\_\_

Every item of information should be carefully supplied. A certificate of death is a legal document. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

