

REC'D OCT 15 1938

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

31338
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002
(c) City Kansas City (d) Street No. 7601 Main Street. Registered No. 3635
(e) Length of residence in city or town where death occurred 1 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Meyer SILVERFIELD. 416
(a) Residence, No. 7601 Main Street. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Marie Silverfield.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 5, 1888.

7. AGE YEARS 50 MONTHS -- DAYS 9 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Executive Officer Milk Corporation
9. Industry or business in which work was done, as saw mill, bank, etc. Milk Corporation
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 94 1/2

12. BIRTHPLACE (CITY OR TOWN) Savannah (STATE OR COUNTRY) Georgia

FATHER 13. NAME Sigmund Silverfield

14. BIRTHPLACE (CITY OR TOWN) Austria (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Dora Brummer

16. BIRTHPLACE (CITY OR TOWN) Berlin (STATE OR COUNTRY) Germany

17. INFORMANT Miss Beulah Silverfield (ADDRESS) Savannah, Georgia.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE 9/16/38.

19. FUNERAL DIRECTOR (NAME) Melody-McGilley. (ADDRESS) K. C. Mo.

20. FILED Sept 16 1938 M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 14 1938

22. I HEREBY CERTIFY, That I attended deceased from 7:1 38 to 9-14 38, 1938
I last saw him alive on 9-14 38 Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

Acute Coronary thrombosis

Date of onset

Other contributory causes of importance:

None

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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? Home (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 of injury in any way related to occupation of deceased?

If so, specify N. D. Owens

(Signed) N. D. Owens M. D.

(Address) 1034 Walnut Blvd

NOV 3 1947

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

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, above space should be left blank.