JAN 13 1939

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

41930
Do not use this space.

4996

1. PLACE OF DEATH
(a) County JACKSON Registration District No. 399
(b) Township KAW Primary Registration District No. 1002 Registered No.
(c) City KANSAS CITY (d) Street No. MENORAH HOSPITAL St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 432 HARRY SELTZER
(a) Residence, No. 2950 TROOST St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Not Known
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Not Known
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Not Known
7. AGE: YEARS 60 MONTHS DAYS If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known

FATHER
13. NAME: Not Known
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known

17. INFORMANT (ADDRESS): Menorah Hosp. City

18. BURIAL, CREMATION, OR REMOVAL
PLACE MT. CARMEL DATE Dec. 23, 1938

19. FUNERAL DIRECTOR (NAME) J. P. LOUIS FUNERAL HOME
(ADDRESS) 3400 WOODLAND

20. FILED Dec 23, 1938 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 18th, 1938, to Dec 22, 1938
I last saw him alive on Dec 22, 1938. Death is said to have occurred on the date stated above, at 8 A. m.
The principal cause of death and related causes of importance were as follows:

Emphysema Pneumococcus (Non tuberculous) — Date of onset 3 wks.

34 years.

Other contributory causes of importance:
CNS lues - old.

Name of operation Lob resection Date of Dec 20/38
What test confirmed diagnosis? Was there an autopsy? No

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?
If so, specify
(Signed) H. N. Charles, M. D.
(Address) 1405 Bryant Bldg.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X14028

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.