

1935 JUN 8 1939

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

17719  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
(b) Township Kennett Primary Registration District No. 1002  
(c) City Kennett City (d) Street No. Memorah Hospital Registered No. 2121  
(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.  
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

(a) Residence, No. 3304 Sanfield St. Mo.  
(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 Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 22, 1853

7. AGE YEARS 85 MONTHS 8 DAYS 27 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
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) Austria

FATHER 13. NAME Samuel Kahn

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

MOTHER 15. MAIDEN NAME Don't know

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

17. INFORMANT (ADDRESS) Sam Kahn  
3304 Sanfield

18. BURIAL, CREMATION, OR REMOVAL PLACE Post Hill DATE May 21, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Carroll Brandon  
3024 Tract. R.C. 2nd

20. FILED May 21, 1939 M. M. Crowe  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-19- 1939

22. I HEREBY CERTIFY, That I attended deceased from 5-19-1939 to 5-19-1939

I last saw him alive on 5-19-1939. Death is said to have occurred on the date stated above, at 5-19-1939 m.

The principal cause of death and related causes of importance were as follows:  
Renal insufficiency  
Myocardial infarction  
Vascular sclerosis  
Hypertensive disease  
Cerebral

Other contributory causes of importance:  
Prostatic hypertrophy  
127

Name of operation Prostatic resection Date of 5/9/39  
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No Date of injury  
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 No  
(Signed) A. C. O'Leary M. D.  
(Address) 625 Owen Bldg

WILLIAM H. HARRIS, JR.  
CHICAGO, ILL. 60601  
JAN 10 1968

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**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.**