

RECD JUL 15 1940

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

2326

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Research Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 53 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State 0 Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4436 Flora  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 65 years years.

3. (a) PRINT FULL NAME

John Kornfeld 651

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Ma 5. Color or race Wh 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mrs. Emma Kornfeld 6. (c) Age of husband or wife if alive years

7. Birth date of deceased December 17 1868  
(Month) (Day) (Year)

8. AGE: Years 71 Months 5 Days 17 If less than one day hr. min.

9. Birthplace Vienna Austria 7  
(City, town, or county) (State or foreign country)

10. Usual occupation Grocer 6

11. Industry or business

MOTHER FATHER { 12. Name John Kornfeld 1  
13. Birthplace Germany P  
(City, town, or county) (State or foreign country)  
14. Maiden name Theresa White  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Roy Kornfeld  
(b) Address 4436 Flora

17. (a) Burial (b) Date thereof June 6 - 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director J. W. Wagner  
(b) Address Kansas City, Mo.

19. (a) June 6, 1940 (b) Crowe M. M.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4th  
year 1940 hour 9:00 minute 45 AM.

21. I hereby certify that I attended the deceased from 4-23-1940 to June 4, 1940  
that I last saw him alive on June 4, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death: Gastric carcinoma (Pyloric end of stomach) 4 1/2 hr.

Due to 4 1/2 hr.

Other conditions none apparent at autopsy  
(Include pregnancy within 3 months of death) at autopsy

Major findings: none  
Of operations none  
Of autopsy Carcinoma of stomach pyloric end

Duration

4 1/2

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. Death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(b) Date of occurrence 7  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury 1

23. Signature Arthur Hoffman (M. D. or other)  
Address 200 Rialto Bldg Date signed 5-5-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Ottokar Hoffman

Rajto Bg.

VI 2966

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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

*Cecil R. Matthes*

Licensed Embalmer No. *3807*

P. O. Address *K. E. MD*

**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.**