

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41532

JAN 8 1941

State File No.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4925

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

1. PLACE OF DEATH: JACKSON
 (a) County.....
 (b) City or town..... KANSAS CITY
 (c) Name of hospital or institution: 1041 W GREGORY
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community..... 55 YEARS.....
 years, months or days)

3. (a) PRINT FULL NAME: NATHAN SILVERFORB
 Nathan Silverforb
 3. (b) If veteran, name war..... No
 3. (c) Social Security No. 481-10-8574

4. Sex M
 5. Color or race W
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife: HENRIETTA SILVERFORB
 6. (c) Age of husband or wife if alive 63 years
 7. Birth date of deceased: DONT KNOW
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
 62 hr. min.

9. Birthplace: RUSSIA 7
 (City, town, or county) (State or foreign country)

10. Usual occupation: SEC. + TREAS. 7

11. Industry or business: PETROLEUM PRODUCTS

12. Name: SAM SILVERFORB 7

13. Birthplace: RUSSIA 7
 (City, town, or county) (State or foreign country)

14. Maiden name: PEARL DORA MARCUS

15. Birthplace: RUSSIA
 (City, town, or county) (State or foreign country)

16. (a) Informant: MOSS H. SILVERFORB

(b) Address: 1041 W GREGORY

17. (a) BURIAL (b) Date thereof: 12 27 40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: ROSE HILL CEMETERY

18. (a) Signature of funeral director: CARROLL DAVIDSON

(b) Address: 3024 TROOST

19. (a) 12-20-40 (b) M. M. Browne
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: MISSOURI (b) County: JACKSON
 (c) City or town: KANSAS CITY
 (If outside city or town limits, write "RURAL")
 (d) Street No.: 1041 W GREGORY
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 59 years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 25 day Dec 1
 year 1940 hour 10 minute 0 P. M.
 21. I hereby certify that I attended the deceased from Dec 1
 1939 to Dec 25 1940
 that I last saw him alive on Dec 25 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death:
 Cerebral apoplexy 2 mos ago
 Due to: Arteriosclerosis 1400
 and Hypertension 110/90
 Other conditions: Xmas
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations:
 Of autopsy:

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify)
 (b) Date of occurrence
 (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)
 (c) Means of injury

23. Signature: W. M. Brown, M.D.
 Address: 420 Prof Bldg Date signed: 12-26-40

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 *J. Mason Lyons*
Licensed Embalmer No. *4188*
P. O. Address *3024 TROOST*

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, fact should be so stated above.