

Registration District No. **399**

Primary Registration District No. **1002**

48
8830

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

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: **Memorial Hosp**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: **In hospital or institution. 7 Weeks**
(Specify whether)
 In this community **37 yrs.**
years, months, days

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. **3922 Flora**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country **—**

3. (a) PRINT FULL NAME **Benjamin Katz**
 (b) If veteran, name war **No**
 (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **Wh**
 6. (a) Single, widowed, married, divorced **Married**
 (b) Name of husband or wife **Eva Katz**
 (c) Age of husband or wife if alive **61 years**
 7. Birth date of deceased **July 16 1880**
(Month) (Day) (Year)

8. AGE: Years **62** Months **0** Days **13**
 If less than one day hr. min.

9. Birthplace **Russia**
(City, town, or county) (State or foreign country)

10. Usual occupation **Metal Dealer**

11. Industry or business **Scrap Metal (family)**

12. Name **Joseph Katz**

13. Birthplace **Russia**
(City, town, or county) (State or foreign country)

14. Maiden name **Mollie**

15. Birthplace **Russia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Joseph Katz**

(b) Address **K. C., Mo.**

17. (a) **Burial** (b) Date thereof **7-30-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Carmel Cem.**

18. (a) Signature of funeral director **J. P. Louis Turner Home**

(b) Address **K. C., Mo.**

19. (a) **7-30-42** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July 29**, day **1**, 1942
 year hour **6:45** minute **P.** M.

21. I hereby certify that I attended the deceased from **June 1, 1942**
 to **July 29, 1942**
 that I last saw him live on **July 29, 1942**, 19
 and that death occurred on the date and hour stated above.

Immediate cause of death **Acute lymphatic Leukemia**
 Duration **6 mo**

Due to **rubrum 7/40**

Due to **rubrum**
 Other conditions **none**
(Include pregnancy within 3 months of death)

Major findings: **sternal puncture and removal of lymph glands**
 Of operations **40**
 Of autopsy **40**

PHYSICIAN
 Underline cause to which death should be charged statistically.

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?
(Specify type of place)

White at work? _____ (e) Means of injury _____
 23. Signature **M. B. Caswell**
 Address **715 Argyle Bldg K. C. Mo.** Date signed **7/29/42**

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, fact should be so stated above.