

V. S. No. 2
50M-5-42
Rev. 5-17-39
X328

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

11067

FILED APR 9 1943 274
Registration District No.

Primary Registration District No. 3052

Registrar's No. 97

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Bothwell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL.")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Infant of (Robert Kahn)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 21
year 1943 hour 9 minute 0 M.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

21. I hereby certify that I attended the deceased from 3/21
1943, to 3/21/43, 1943
that I last saw her alive on 3/21/43, 1943
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced S

Immediate cause of death Premature Birth
5 1/2 months

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

Due to _____
Due to _____

7. Birth date of deceased March 21 1943
(Month) (Day) (Year)

Other conditions (Include pregnancy within 3 months of death) 159

8. AGE: Years _____ Months _____ Days _____ If less than one day 6 hr. _____ min.

Major findings: Of operations _____
Of autopsy _____

9. Birthplace Sedalia Mo. 0
(City, town, or county) (State or foreign county)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation _____

11. Industry or business _____

12. Name Robert Kahn

13. Birthplace Sedalia Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Alice Metzger

15. Birthplace Kansas City, Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Kahn
(b) Address Sedalia, Mo. 1300 So. Ohio.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/22/43
(Month) (Day) (Year)
(c) Place: burial or cremation Jewish Cemetery

18. (a) Signature of funeral director Gillespie Funeral Home
(b) Address Sedalia, Mo.

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)
(e) Means of injury _____

19. (a) 3/22/43 (Date received local registrar) (b) Anna Burger (Registrar's signature)

23. Signature W. B. ... (M. D. or other)
Address Sedalia Mo Date signed 3/22/43

1122 (Licensed Embalmer's Statement on Reverse Side)

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

86
6
7

RECEIVED

District Health Officer No. 8,

District File Number -----

Date Filed 4-8-43

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.