DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 11 1945

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 19432

Registrar's No. 2693

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: General Hospital #1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 10 days (Specify whether years, months or days)

In this community: 40 years

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.: 1017 Penn (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: Charles Cantor

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: Male

5. Color or race: Wh.

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: unknown

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: June (Month) 29 (Day) 1856 (Year)

8. AGE: Years 88 Months 11 Days 26 If less than one day: hr. min.

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

10. Usual occupation: Mill Wright

11. Industry or business: Am. Sash & Door Co.

MOTHER FATHER

12. Name: Enoch Cantor

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

14. Maiden name: Eva Bomber

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

16. (a) Informant: Gen. Hosp Records.

(b) Address: K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-27-45 (Month) (Day) (Year)

(c) Place: burial or cremation: Mem Park K.C.K.

18. (a) Signature of funeral director: Eads Bros.

(b) Address: 1416 Minn Ave. K.C.K.

19. (a) 6-26-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23 year 1945 hour 1 minute 00 P.M.

21. I hereby certify that I attended the deceased from June 14, 1945, to June 23, 1945 that I last saw him alive on June 23, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: basal carcinoma of neck

Due to: cardiac decompensation

Due to: coronary arteriosclerosis

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

Major findings: Of operations:

Of autopsy: see above

Duration

PHYSICIAN — Underline the 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)

While at work? (e) Means of injury:

23. Signature: Clark W. Leahy M.D. (M.D. or other)

Address: Med. Dir. K.C. General Hospital (Date signed)

(Licensed Embalmer's Statement on Reverse Side)

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 Lou Blank

Licensed Embalmer No. 4216

P. O. Address Kans. City Kan

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.