

S. No. 2
OM-5-43
V. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13201**
Registrar's No. **1952**

FILED MAY 6 1946

Registration District No. **149**

Primary Registration District No. **1002**

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 **5 hours**
(Specify whether
In this community **5 hours**
years, months or 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. **3801 Agnes**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Infant Kantor**

3. (b) If veteran, name war **No**
3. (c) Social Security No. **None**

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

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

7. Birth date of deceased **April 26 1946**
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____
If less than one day **5 hr. 2 min.**

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

10. Usual occupation **None**

11. Industry or business _____

12. Name **Gordon Kantor**

13. Birthplace **New York N. Y.**
(City, town, or county) (State or foreign country)

14. Maiden name **Sara Kusnetsky**

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

16. (a) Informant **Gordon Kantor**

(b) Address **3801 Agnes, Kansas City, Mo.**

17. (a) **Burial** (b) Date thereof **4-26-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Blue Ridge Cemetery**

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

(b) Address **3400 Woodland Ave., K. C., Mo.**

19. (a) **4-27-46** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **26**
year **1946** hour **8:15** minute **A** M.

21. I hereby certify that I attended the deceased from **April 26**
1946 to **April 26, 1946**
that I last saw him alive on **April 26, 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Total Atelelectasis**
Prematurity

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: **159**
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)
(e) Means of injury _____
23. Signature **[Signature]** (M. D. or other) **MD**
Address **[Address]** Date signed **Apr 26 1946**

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

12107

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{NOT} embalmed ~~by me, or by~~, Registered Apprentice No.
working under my personal supervision.

Signed B. A. Legan

Licensed Embalmer No. 3979

P. O. Address H.C. Mo

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.