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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 16 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23682

Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 2917

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 14 days (Specify whether
In this community 24 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Leavenworth 999

(c) City or town Leavenworth 14
(If outside city or town limits, write "RURAL")

(d) Street No. 302 Seneca 0
(If rural, give location)

(e) Citizen of foreign country? unknown (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Henry Korn

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Minnie Korn

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased January (Month) 14 (Day) 1901 (Year)

8. AGE: Years 45 Months 5 Days 17 If less than one day hr. min.

9. Birthplace (City, town, or county) Russia 6 (State or foreign country)

10. Usual occupation Merchant

11. Industry or business

FATHER
12. Name Morris Korn 1
13. Birthplace (City, town, or county) Russia 6 (State or foreign country)

MOTHER
14. Maiden name Rachael
15. Birthplace (City, town, or county) Russia 6 (State or foreign country)

16. (a) Informant Minnie Korn
(b) Address 302 Seneca, Leavenworth, Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-2-46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Zion Cem. Leavenworth Kans.

18. (a) Signature of funeral director J. P. Louis Funeral Home
(b) Address 3400 Woodland Ave., Kansas City, Mo.

19. (a) 7-2-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st year 1946 hour 10 minute a. M.

21. I hereby certify that I attended the deceased from June 20, 1946, to July 1st, 1946, that I last saw him alive on July 1st, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Embolism	
Due to a Thrombus	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations inguinal hernia double
Of autopsy 111a

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 H. C. J. Hunt By Dr. F. J. Byrne (M. D. or other)
Address 1612 Prof. Bldg. Date signed 7-2-46

(Licensed Embalmer's Statement on Reverse Side)

R. Clarke Grant

Mass Camden

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 B. A. Legan

Licensed Embalmer No. 3979

P. O. Address K. 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.