

No. 2
12-45
17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 9 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37130**
Registrar's No. **5035**

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:
4329 Holmes
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **25 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Harry Solomon**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **499-14-9528**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Eva Solomon**
6. (c) Age of husband or wife if alive **58** years
7. Birth date of deceased **March 3 1882**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 8 25 hr. min.

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

10. Usual occupation **Grocer**

11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace **unknown**
(City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lawrence Solomon**
(b) Address **4329 Holmes, K. C., Mo.**

17. (a) **Burial** (b) Date thereof **12-1-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Rose Hill Cemetery**

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

19. (a) **11-30-46** (b) **Cheraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson** **48**
(c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL")
(d) Street No. **400 East Armour** **8**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **28**
year **1946** hour **5:25** minute **25** P. M.

21. I hereby certify that I attended the deceased from **July 19 1946** to **Nov 28 1946**;
that I last saw him alive on **Nov 28 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion** Duration **1 1/2 days**

Due to

Due to

Other conditions **Rheumatism** **Chronic**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **None** **940**
Of autopsy **None**
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?

While at work? (Specify type of place) (e) Means of injury

23. Signature **B. Marcus Keller** (M. D. or other) **M.D.**
Address **1610 Astor Blvd** Date signed **11-29-46**

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

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. *3779*

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.