S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 29 1947

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 31279

Registrar's No. 3994

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: BLACKSTONE HOTEL 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether
In this community 17 YEARS
years, months or days)

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. BLACKSTON HOTEL 8
(If rural, give location) 0

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

If yes, name country —

3. (a) PRINT FULL NAME ZOLIE LEE KAHN

3. (b) If veteran, name war — no

3. (c) Social Security No. 495-05-2441

4. Sex MALE

5. Color or race WH.

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife —

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

7. Birth date of deceased APRIL (Month) 12 (Day), 1886 (Year)

8. AGE: Years 61 Months 5 Days 7 If less than one day ..... hr. ..... min.

9. Birthplace HUNGARY (City, town, or county) 4 (State or foreign country)

10. Usual occupation MERCHANT

11. Industry or business CLOTHING, RETAIL

FATHER
12. Name SAM KAHN 4
13. Birthplace (City, town, or county) HUNGARY 1 (State or foreign country)

MOTHER
14. Maiden name REBECCA (UNKNOWN)
15. Birthplace (City, town, or county) HUNGARY 4 (State or foreign country)

16. (a) Informant ALBERT GRAFF

(b) Address ST. LOUIS, MO.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 9-20-47 (Month) (Day) (Year)

(c) Place: burial or cremation ST. LOUIS, MO.

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

(b) Address K.C., Mo.

19. (a) 9-20-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 19
year 1947 hour 9 30/ minute 2 M.

21. I hereby certify that I attended the deceased from
Cancer, 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Insufficiency

Due to Cutting [illegible]

Due to

Other conditions
(Include pregnancy within 3 months of death) 95C

Major findings:
Of operations

Of autopsy no
History & Inspection

Duration

PHYSICIAN

Underline the cause of 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 3

23. Signature [illegible] (M. D. ~~or other~~) Cancer

Address 1424 [illegible] Date signed 9-19-47

Jefferson City Printing Co.

(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. R. L. Lowe

Licensed Embalmer No. 3110

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.