

**STANDARD CERTIFICATE OF DEATH**

35933

State File No. ....

FILED OCT 23 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4768

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home for Jewish Aged</u>		d. STREET ADDRESS (If rural, give location) <u>7801 Holmes</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) <u>Solomon</u>		a. (First) _____ b. (Middle) _____ c. (Last) <u>Katz</u>	
<b>5. SEX</b> <u>M</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	
<b>6. COLOR OR RACE</b> <u>W</u>		<b>8. DATE OF BIRTH</b> <u>July 28, 1877</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Tailor-Retired</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Russia</u>	
<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	

<b>13a. FATHER'S NAME</b> <u>Unknown</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Unknown</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Sarah</u>
---	--	--

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>Unknown</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Ben Katz</u> <b>ADDRESS</b> <u>2216 W. 76th St.</u>
---	--	---

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	<p align="center"><b>MEDICAL CERTIFICATION</b></p> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES <u>Peripherical Vascular Disease</u> Morbid conditions, if any, giving rise to the above cause (c) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	<b>INTERVAL BETWEEN ONSET AND DEATH</b>  <u>4200</u>
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-------------------------------	---	--

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from** 8-7, 1952, to 10-1, 1953, that I last saw the deceased alive on 10-1, 1953, and that death occurred at 1:00 A m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>Jack C. Vincent MD</u> (Degree or title)	<b>23b. ADDRESS</b> <u>424 Argyle Bldg K.C. Mo</u>	<b>23c. DATE SIGNED</b> <u>10-2-53</u>
---	--	--

<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>10-2-53</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Blue Ridge</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Kansas City, Mo.</u>
--	---------------------------------	---	--

<b>DATE REC'D BY LOCAL REG.</b> <u>10-3-53</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Sheldine Smith</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Louis Funeral Home</u> <b>ADDRESS</b> <u>K. C., Mo.</u>
--	--	--

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Ray Buffington*

Licensed Embalmer No. 2756

P. O. Address N. C. Me.

**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.