MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024421

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3278

FILED JUL 5 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH

a. COUNTY: JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Length of stay in 1b: 63 Yrs

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: New Hope Nursing Home — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE: MISSOURI — b. COUNTY: JACKSON

c. CITY OR TOWN: KANSAS CITY — Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): 3409 Charlotte — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: FANNIE — Middle: — Last: KAHN

4. DATE OF DEATH: Month: June — Day: 7 — Year: 1963

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: Approx

9. AGE (last birthday): 90 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maid

10b. KIND OF BUSINESS OR INDUSTRY: Housework

11. BIRTHPLACE (City and state or country): Missouri

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Samuel Kahn

13b. MOTHER'S MAIDEN NAME: Harriett Pheiffer

14. NAME OF HUSBAND OR WIFE: Never Married

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: [redacted]

17. INFORMANT — Address: Robert D. Kahn 3409 Charlotte K. C. Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: ?

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Generalized Arteriosclerosis — ?

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Bed Sores — Severe

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from May 14, 1963, to June 7, 1963 and last saw her/him alive on May 31, 1963

Death occurred at 9 Pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Jack W. Wolf M.D.

22b. ADDRESS: 401 E. 63rd Kansas City Mo.

22c. DATE SIGNED: 6/8/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 6-10-63

23c. NAME OF CEMETERY OR CREMATORY: Sedalia Hebrew Union

23d. LOCATION (City, town, or county) (State): Sedalia Missouri

24. FUNERAL DIRECTOR — ADDRESS: Stine & McClure Kansas City, Missouri

25. DATE RECD. BY LOCAL REG.: 6-10-63

26. REGISTRAR'S SIGNATURE: Ruth H Long

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF — DOCUMENT — MEDICAL CERTIFICATION — Jack W. Wolf

Dr Wolf
Emb 1-0774
Box 4
1 0 0 0
0-88

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 _____
Signature of Student Embalmer

Signed R. E. Nichols

Licensed Embalmer No. 4997

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.