

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

131555
Do not use this space.

SEP 18 1939

1. PLACE OF DEATH

(a) County JACKSON / Registration District No. 395
 (b) Township KAW / Primary Registration District No. 100 Registered No. 3653
 (c) City KANSAS CITY / (d) Street No. RESEARCH HOSPITAL St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? 68 yrs. mos. ds.

2. PRINT FULL NAME

MR. ISAAC L. SENDER
 (a) Residence, No. 5044 GARFIELD St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF MRS. LILLY L. SENDER
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY-15-1857
 7. AGE YEARS 82 MONTHS 4 DAYS 0 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FURNITURE DEALER
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) LONDON (STATE OR COUNTRY) ENGLAND 4

FATHER 13. NAME GERSHAN SENDER 4
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ENGLAND 4

MOTHER 15. MAIDEN NAME UNKNOWN
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ENGLAND

17. INFORMANT MR. HARRY M. SENDER (ADDRESS) 5044 GARFIELD

18. BURIAL, CREMATION, OR REMOVAL PLACE ELMWOOD DATE SEPTEMBER 18, 1939

19. FUNERAL DIRECTOR (NAME) D.W. NEWCOMER'S SONS (ADDRESS) 1401 BRUSH CREEK BLYD

20. FILED Sept 18, 1939 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPTEMBER-15 1939
 22. I HEREBY CERTIFY That, I attended deceased from Sept 12 1939, to Sept 15 1939
 I last saw him alive on Sept 15 1939 Death is said to have occurred on the date stated above, at 12:15 P.M.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Descending Colon induration
46
 Date of onset

Other contributory causes of importance:
Broncho-pneumonia induration

Name of operation Enterostomy Date of Sept 17, 1939
 What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) M. J. Schmatone, M. D.
 (Address) 1010 Argyle Bldg.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FORM 12-33 1 X14028

210 Oregon Blvd
1:30 - 4:30

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 C. Hervey Quisenberry

Licensed Embalmer No. 4070

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, above space should be left blank.