

DEC 11 1939

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

38457  
Do not use this space.  
4221

1. PLACE OF DEATH  
 (a) County JACKSON 2 Registration District No. 399  
 (b) Township ITAW Primary Registration District No. 1002  
 (c) City KANSAS CITY 1 (d) Street No. MILNER HOTEL 9TH + CENTRAL 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? yrs. mos. ds.

2. PRINT FULL NAME BENJAMIN SOLOMON  
 (a) Residence, No. MILNER HOTEL 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) DIVORCED  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF DORS SOLOMON  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) UNKNOWN  
 7. AGE YEARS 50 MONTHS — DAYS — If LESS than 1 day, hrs. or min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. SALESMAN  
 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) (STATE OR COUNTRY) ROMANIA 7

FATHER 13. NAME SAUL SOLOMON 7

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ROMANIA 7

MOTHER 15. MAIDEN NAME NONEI BALK 7

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ROMANIA

17. INFORMANT MAX SOLOMON  
(ADDRESS) 3529 PASEO

18. BURIAL, CREMATION, OR REMOVAL  
PLACE SHEFFIELD DATE NOV. 3 1939

19. FUNERAL DIRECTOR (NAME) J.P. LOUIS FUNERAL HOME  
(ADDRESS) 3400 WOODLAND CITY

20. FILED NOV 2 1939 M. M. Crowe  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-2-39 19

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.  
 I last saw h. \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 5:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Fibrous Myocardium  
Hypertensive Myocarditis  
Coronary Sclerosis  
 Other contributory causes of importance: Q3C  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
 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) Paul J. [Signature] M. D.  
 (Address) [Signature]

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.

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**