

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30776

State File No.

FILED OCT 7 1954

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4440

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City c. LENGTH OF STAY (in this place) 37 yrs.

c. CITY OR TOWN Kansas City d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Menorah

e. STREET ADDRESS (If rural, give location) 3013 Linwood 3568

3. NAME OF DECEASED
a. (First) Sol b. (Middle) Posner c. (Last) Posner

4. DATE OF DEATH (Month) (Day) (Year) 9-16-54

5. SEX M

6. COLOR OR RACE W

7. ~~MARRIED~~ NEVER MARRIED, WIDOWED, DIVORCED (Specify) 1

8. DATE OF BIRTH Approx. 65

9. AGE (In years last birthday) 65 IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant-Sol the Clothier

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Russia 6

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Isaac Posner

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Rachael

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

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME Rachael Posner

ADDRESS Home

18. CAUSE OF DEATH
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.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Kaennec's Carcinosis of liver
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Carcinoma of stomach
Conditions contributing to the death but not related to the disease or condition causing death. terminal Broncho-pneumonia, Right lung

INTERVAL BETWEEN ONSET AND DEATH
years
5 1/2

19a. DATE OF OPERATION June 5, 1954

19b. MAJOR FINDINGS OF OPERATION Kaennec's Carcinosis of liver

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1954, to Sept 16, 1954, that I last saw the deceased alive on Sept 15, 1954, and that death occurred at 7:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE Harry Statland (Degree or title) MD

23b. ADDRESS 701 E 63rd St

23c. DATE SIGNED 9-18-54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 9-17-54

24c. NAME OF CEMETERY OR CREMATORY Sheffield

24d. LOCATION (City, town, or county) (State) Kansas City, Mo

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 9-18-54 neva minshall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis Fun'l Home K.C. Mo.

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.....
Signature of Student Embalmer

Signed *Henry Buffington*
Licensed Embalmer No. *275*

P. O. Address *A. C. W.*

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.