

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 37879

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4477

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: Memoran Hosp. 1  
(If outside city or town limits, write "RURAL" and name of township)  
(d) Length of stay: In hospital or institution, write street number or location  
In this community Unknown (Specify whether years, months or days)

3. (a) PRINT FULL NAME Esther Cohen  
(b) If veteran, name war — (c) Social Security No. —

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Hyman 6. (c) Age of husband or wife if alive 51 years  
7. Birth date of deceased Not known  
(Month) (Day) (Year)

8. AGE: Years 60 Months — Days — If less than one day hr. min.

9. Birthplace Russia  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business 7

12. Name Henry Miller

18. Birthplace Russia  
(City, town, or county) (State or foreign country)

14. Maiden name Dora

15. Birthplace Russia  
(City, town, or county) (State or foreign country)

16. (a) Informant Hyman Cohen  
(b) Address 1518 E 33rd

17. (a) Burial (b) Date thereof 11-25-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheffield Cem.

18. (a) Signature of funeral director M. M. Brown  
(b) Address Kansas City, Missouri

19. (a) 11-25-40 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County JACKSON  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1518 E 33rd  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Nov-24 day 24, year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Nov 23, 1940, to \_\_\_\_\_, 1940;  
that I last saw her alive on Nov 28, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis Duration \_\_\_\_\_

Due to Myocardial Failure

Due to 95%

Other conditions —  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: —  
Of operations: —  
Of autopsy: —  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

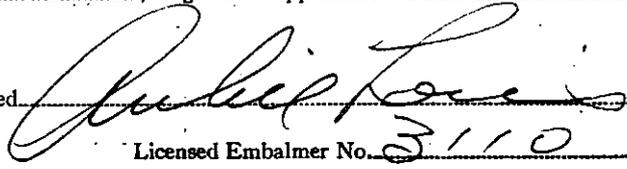
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 1

23. Signature L. M. [unclear] (M. D. or other) \_\_\_\_\_  
Address 728 [unclear] Date signed \_\_\_\_\_

**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. 3110

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.**