No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 8 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41333

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 4726

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K.C. General Hospital No. 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)
In this community unknown.

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. 4223 Woodland (If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME HANNAH COHN

3. (b) If veteran, name war NO
3. (c) Social Security No. NONE.

4. Sex Fe
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband ~~or wife~~ Louis.
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased UNKNOWN (Month) (Day) (Year)

8. AGE: Years 55 | Months ✓ | Days ✓ | If less than one day ___ hr. ___ min.

9. Birthplace UNKNOWN. (City, town, or county) Russia (State or foreign country) 7
10. Usual occupation Housewife 7
11. Industry or business ✓

FATHER
12. Name Benjamen. Dean. 7
13. Birthplace UNKNOWN (City, town, or county) Russia (State or foreign country)

MOTHER
14. Maiden name Libby Cohn
15. Birthplace UNKNOWN. (City, town, or county) Russia (State or foreign country)

16. (a) Informant Aaron Cohn.
(b) Address 518 Forest.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 13, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Sheffield. Cem.
18. (a) Signature of funeral director J. P. Louis Fun. Home
(b) Address 3400 Woodland Ave.
19. (a) 12-12-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11th year 1940 hour 10 minut 05 P. M.

21. I hereby certify that I attended the deceased from 12-9-40, 19__, to 12-11-40, 19__; that I last saw her alive on 12-11-40, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Diabetes with diabetic coma	
Due to 59	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy None	

PHYSICIAN — 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Drury R. Thorn (M. D. or other)
Address Med. Dir. K.C. Gen. Hospital Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 A. L. Louis.

Licensed Embalmer No. 3110

P. O. Address 3400 Woodland Av
K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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