No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24223

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2762

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 6 days (Specify whether
In this community 50 years 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 048
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3701 Woodland
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes name country 0

3. (a) PRINT FULL NAME CHARLES KOHLS

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

4. Sex 0 Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rose Kohls
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased January 25 1867

8. AGE: Years 74 Months 5 Days 26 If less than one day hr. min.

9. Birthplace Nashville, Tennessee
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Mechanic
11. Industry or business
FATHER
12. Name Henry Kohls
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Goodman
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Rose Kohls
(b) Address 3701 Woodland, K.C., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-25-1941 (Month) (Day) (Year)
(c) Place: burial or cremation St. Marys
18. (a) Signature of funeral director J. F. O'Donnell Co.
(b) Address 3256 Broadway, K.C., Mo.
19. (a) 7-23-41 (Date received local registrar) (b) M. M. Crow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21st year 1941 hour 7 minute 50 A. M.

21. I hereby certify that I attended the deceased from July 15th 1941, 19 to July 21st 1941, 19; that I last saw him alive on July 21st, 1941, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Pulmonary thrombosis	
Coronary arteriosclerosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy See above

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 Emery R. Thorne (M. D. or other) D
Address Med. Dir. K.C. Gen. Hospital, K.C., Mo. Date signed

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(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.....

Licensed Embalmer No.....

P. O. Address.....

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

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