

Registration District No. 34Primary Registration District No. 5488

Registrar's No.

1. PLACE OF DEATH:

- (a) County HENRY
(b) City or town NEAR CLINTON MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution (Specify whether

In this community
years, months or days)15 yrs.

(Specify whether

3. (a) PRINT
FULL NAMEOvid Kaan

3. (b) If veteran,
-
- name war

3. (c) Social Security
-
- No.

4. Sex
- Male

5. Color or
race white

6. (a) Single, widowed, married,
-
- divorced
- Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

alive years

7. Birth date of deceased

May 281926

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

15616

hr.

min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

School boy

11. Industry or business

12. Name

Ovid J. Kohn

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

Opal Cuddy

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

Henry Walkwitz

- (b) Address

Kansas City Mo

17. (a)
- removal
-
- (Burial, cremation, or removal)

- (b) Date thereof

9-14-41
(Month) (Day) (Year)

- (c) Place: burial or cremation

Kansas city mo

18. (a) Signature of funeral director

Consensus & Sons

- (b) Address

Clinton mo

19. (a)

(Date received local registrar)

- (b)

Dr. J. R. Sampson
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State
- mo
- (b) County
- Jackson

- (c) City or town
- Kansas city mo

(If outside city or town limits, write "RURAL")

- (d) Street No.

(If rural, give location)

- (e) If foreign born, how long in U. S. A.
- No
- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month
- Sept
- day
- 14

year 1941 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from
- Sept 14

that I last saw him alive on Sept 14, 1941.

and that death occurred on the date and hour stated above.

Immediate cause of death Motor Vehicle Wreck

Duration

Due to Loss of gravel in all probabilityDue to 170Other conditions 2.4

(Include pregnancy within 3 months of death)

Major findings: NoneOf operations NoneOf autopsy NoneThere was a Common Inquest

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

- (a) Accident, suicide, or homicide (Specify)

- (b) Date of occurrence
- Sept 14 1941

- (c) Where did injury occur
- 10 Miles East

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

In Public placeWhile at work No (Specify type of place)(e) Means of injury Auto on

23. Signature
- Dr. J. R. Sampson
- (M. D. or other)

Address 208 S. Water St. Clinton, Mo. Date signed Sept 14, 1941

PHYSICIAN

Underline
the cause to
which death
should be
charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 10-41-1782

Date Filed 10-14-91

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.....

J. E. Bonifant

Licensed Embalmer No. 1891

P. O. Address Clinton, Mo

-- 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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31619

Registration District No. 347

Primary Registration District No. 5488

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME

Ovid Kahn

3. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

4. Sex _____

5. Color or
race _____

6. (a) Single, widowed, married,
divorced _____

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased Feb. 28 1926

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

15

6

10

14 min.

9. Birthplace _____

(City, town, or county)

(State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

13. Birthplace _____

(City, town, or county)

(State or foreign country)

14. Maiden name _____

15. Birthplace _____

(City, town, or county)

(State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 9/15/1941 (b) Dr. J. R. Hampton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____
that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

S-31619 1941