

Registration District No. 377

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas Cty.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Menorah Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community 2 yrs. (Specify whether years, months or days)

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. 4138 Olive
(If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country Russia

3. (a) PRINT FULL NAME

Dora Cone

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

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

8. AGE: Years 68 Months Days If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business

MOTHER { 12. Name Jacob Louis Tranin
13. Birthplace Russia
(City, town, or county) (State or foreign country)
14. Maiden name Dena (Not known)
15. Birthplace Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Earl J. Cone
(b) Address K. C. Mo.

17. (a) Burial (b) Date thereof 6-2-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sheffield Cem

18. (a) Signature of funeral director J. P. Louis Funeral Home
(b) Address 70 City

19. (a) 6-2-42 (b) Dr. M. Cron
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1942 hour 19 minute 30 P M.
21. I hereby certify that I attended the deceased from May 30
1942 to May 31 1942
that I last saw her alive on May 31 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Due to arteriosclerosis
Due to Arteriosclerosis
Other conditions (Include pregnancy within 3 months of death)

Duration 2 days
PHYSICIAN
Underline the cause to which death should be charged statistically.

Major findings:
Of operations
Of autopsy

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)
(e) Means of injury
23. Signature J. P. Louis MD (M. D. or other)
Address 408 1/2 Royal Ave Date signed 6/1/42

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 with the above constitutes grounds for revocation of license.)

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