

FILED FEB 5 1944  
149

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 102

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: Menorah Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 da.  
(Specify whether  
In this community 40 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson  
(c) City or town Kansas city  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3716 Paris  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Helen Cohen

3. (b) If veteran, name war ✓

3. (c) Social Security No. None

4. Sex FE 5. Color or race Wh  
6. (a) Single, widowed, married divorced  
6. (b) Name of husband or wife Reuben Cohen 6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased Nov. 28 1883  
(Month) (Day) (Year)

8. AGE: Years 60 Months 1 Days 9 If less than one day hr. min.

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

10. Usual occupation Home Duties

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name Albert Silverstein  
13. Birthplace Austria  
(City or town, or county) (State or foreign country)  
14. Maiden name Helen Silverstein  
15. Birthplace Austria  
(City, town, or county) (State or foreign country)

16. (a) Informant Jerome Cohen  
(b) Address 6904 Broadway

17. (a) Burial (b) Date thereof 1-19-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheffield Cem.

18. (a) Signature of funeral director W. Louis Fen. Name

(b) Address 3400 Woodland

19. (a) Jan 9, 1944 (b) J. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6.5  
year 1944 hour 6 minute 25 A.M.

21. I hereby certify that I attended the deceased from Dec 29  
1943 to Jan 5 1944  
that I last saw h. or alive on Jan 5 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypothal carcinoma  
Due to carcinoma of colon  
Due to \_\_\_\_\_

Other conditions 46/2  
(Include pregnancy within 3 months of death)

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?

23. Signature Freel Drury (Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Freel Drury (Mr. D. or other) \_\_\_\_\_  
Address 1610 Prof. Blvd Date signed 1-5-44

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

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

*[Faint handwritten notes and scribbles, possibly including "No." and other illegible text.]*

**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.**