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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 9 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28995

Registration District No. 360 — Primary Registration District No. 6225 — Registrar's No. 139

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Rural Washington (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital #3 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 yr 5 mo 9 days (Specify whether
In this community as above years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson 108
(c) City or town Kansas City Mo 0 (If outside city or town limits, write "RURAL")
(d) Street No. 633 McGee (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME REBECCA COHN
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race 1 white
6. (a) Single, widowed, married, divorced 2 Wid
6. (b) Name of husband or wife deceased
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased 6 (Month) — 16 (Day) 1873 (Year)

8. AGE: Years 71 Months 2 Days 10 If less than one day ___ hr. ___ min.

9. Birthplace Leavenworth (City, town, or county) Kan 1 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home
FATHER
12. Name Isaac Bernstein
13. Birthplace Poland (City, town, or county) 4 (State or foreign country)
MOTHER
14. Maiden name Annie Bernstein
15. Birthplace Poland (City, town, or county) 4 (State or foreign country)
16. (a) Informant Caroline Cohn
(b) Address Kansas City Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-26-44 (Month) (Day) (Year)
(c) Place: burial or cremation K. C. Mo
18. (a) Signature of funeral director J. P. Louis
(b) Address K. C. Mo
19. (a) 8-26-44 (Date received local registrar) (b) Hazel B. Beurck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 26 day 26 year 1944 8 Am hour 8 minute 8 a M.
21. I hereby certify that I attended the deceased from Oct 1, 1943 to Aug 26, 1944 that I last saw her alive on Aug 25, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia Hypostatic acute	1 day
Due to ✓	
Due to ✓	
Other conditions Apoplexy 8/16-44 (Include pregnancy within 3 months of death)	10 days
Major findings: Of operations ✓	
Of autopsy no	

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 R. G. Hall M.D. (M. D. or other)
Address Nevada Mo Date signed 8/26/44

1331 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
Date Filed 8-44-1076

RECEIVED
District Health Officer No. 7
Date Filed 9-7-44

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. 3110

P.O. Address K. C. 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.