

FILED MAR 3 1945
Registration District No. **149**

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 City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2937 Olive
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 35 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City **44**
(If outside city or town limits, write "RURAL")

(d) Street No. 2937 Olive **3**
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) **D**

If yes, name country _____

3. (a) PRINT FULL NAME Isador Koden

3. (b) If veteran, name war No

3. (c) Social Security No. 496-10-8540

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 7
year 1945 hour 7^{1/2} minute P M.

21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw h. alive on 19;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Wh

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Hena

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Mar. 15, 1878
(Month) (Day) (Year)

Immediate cause of death suicide by hanging

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations Histology & Inspection

Of autopsy not

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>10</u>	<u>28</u>	hr. _____ min. _____

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

10. Usual occupation Taylor

11. Industry or business _____

MOTHER { 12. Name Joseph Koden

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

14. Maiden name Bessie

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

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

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 2-7-1945

(c) Where did injury occur? 2937 Olive K.C. Jackson, Mo
(City or town) (County) (State)

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

While at work? no (Specify type of place) (e) Means of injury Stove

16. (a) Informant Simon Silverman

(b) Address K.C. Mo

17. (a) Dunia (b) Date thereof Feb 9, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheffield Cem

18. (a) Signature of funeral director Louis funeral Home

(b) Address 3700 Woodland Ave

19. (a) 2-15-45 (b) D-E. Brown
(Date received local registrar) (Registrar's signature)

23. Signature Jamaica (M. D. or other) 1

Address 1424 Poplar Bldg Date signed 2-8-45

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 *D. L. Lewis*.....

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.