

FILED JUN 10 1946
Registration District No. **147**

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: **321 Ward Pkway**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **60 years**
years, months or days

3. (a) PRINT FULL NAME

Dena Cohen

3. (b) If veteran, name war **no**

3. (c) Social Security No. **none**

4. Sex **Fe** 5. Color or race **wh** 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 **unknown**
(Month) (Day) (Year)

8. AGE: Years **76** Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER

12. Name **Morris Cohen**

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

14. Maiden name **Pauline Myers**

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

16. (a) Informant **Hart Mayer**

(b) Address **321 Ward Pkway**

17. (a) **Entombed** (b) Date thereof **5/29/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Rose Hill Mausoleum**

18. (a) Signature of funeral director **Carroll Davidson**

(b) Address **3024 1/2 root ave**

19. (a) **5-28-46** (b) **Heraldine Holmes**
(Date received local registrar) (Registrar's signature)

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. **321 Ward Pkway**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **26**
year **1946** hour **7** minute **35 P.**

21. I hereby certify that I attended the deceased from **5-26**
19 **46** to **5-26**, 19 **46**

that I last saw her alive on **5-26**, 19 **46**
and that death occurred on the date and hour stated above.

Immediate cause of death **cerebral hemorrhage** Duration **1 hr**

Due to **arterial sclerosis**

Due to _____

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

Major findings: Of operations **83a**
Of autopsy _____

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? _____ Means of injury _____

23. Signature **W. W. Reifer** (M. D. or other)

Address **505 Professional Bldg** Date signed **5-28-46**

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 Kathryn E. Davidson

Licensed Embalmer No. 3648

P. O. Address Kansas City, 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.