

S. No. 2
M-5-43
5-17-39
D I X36471

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16596**
Registrar's No. **2191**

FILED May 27 1946
Registration District No. _____

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: **Menorah Hospital** **0**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **since 3-26-46**
(Specify whether years, months or days)

In this community **22 years.**

3. (a) PRINT FULL NAME **Mrs. Cora C. Cohn**

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

3. (c) Social Security No. **no.**

4. Sex **female** 5. Color or race **white**

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

6. (b) Name of husband or wife **Mr. Charles G. Cohn**

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

7. Birth date of deceased **September 22 1865**
(Month) (Day) (Year)

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

80 7 24 23 hr. min.

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

10. Usual occupation **at home,**

11. Industry or business **X**

12. Name **Calman Hirsch**

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

14. Maiden name **Emily Kaufman**

15. Birthplace **Alsace Lorraine France**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ira D. Gottlieb**

(b) Address **229 Ward Parkway, Kansas City, Mo.**

17. (a) **burial** (b) Date thereof **5-17-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Stine & McClure**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **5-16-46** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**

(c) City or town **Kansas City** **2**
(If outside city or town limits, write "RURAL")

(d) Street No. **229 Ward Parkway** **8**
(If rural, give location)

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

If yes, name country **X**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **15**
year **1946** hour **9:25** minute **P.** M.

21. I hereby certify that I attended the deceased from _____, 19**37**, to **5-15-46**, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Diabetes - cerebra - sclerosis many multiple cerebral hemorrhages years**

Due to _____

Due to _____

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

Major findings: **61**
Of operations _____

Of autopsy _____

Duration

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? _____

While at work? _____ (Specify type of place) (e) Means of injury **7**

23. Signature **A. Saphran** (M. D. or other)

Address **1405 Bryant Bldg** Date signed **May 14 1946**

Bryant Bldg

Dr. Sophian

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. 1415-

P. O. Address. 14 e m d

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.