

FILED JUN 19 1948
Registration District No. 449

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:
3421 LOCUST
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community 30 YEARS (Specify whether years, months or days)

3. (a) PRINT FULL NAME BEN COTTON

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife MINNIE

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased AUGUST 15 1890
(Month) (Day) (Year)

8. AGE: Years 57 Months 9 Days 22 If less than one day hr. min.

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

10. Usual occupation TAILOR

11. Industry or business _____

MOTHER FATHER

12. Name NACHIM GATOFESKY

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

14. Maiden name PREVA (UNKNOWN)

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

16. (a) Informant MRS MINNIE COTTON

(b) Address 3421 LOCUST AVE, K.C. Mo.

17. (a) BURIAL (b) Date thereof 6-7-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SHEFFIELD

18. (a) Signature of funeral director J.P. LOUIS FUNERAL HOME
(b) Address 3400 WOODLAND AVE, K.C. Mo.

19. (a) 6-7-48 (b) Steadline Holmer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 3421 LOCUST
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day sixth
year 1948 hour 8 minute 30 A M.

21. I hereby certify that I attended the deceased from Feb 1948 to 6/6/48

that I last saw him alive on 5/27 and that death occurred on the date and hour stated above.

Immediate cause of death immolation Duration 8 mos

Due to Melancholia

Due to _____

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

Major findings: Of operations _____

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 force) _____

(e) Means of injury gun

Signature Robert M. Bryant (M. D. or other) _____

Address _____ Date signed 6/7/48

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.