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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40066**  
Registrar's No. **5162**

FILED JAN 8 1949  
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**  
(c) Name of hospital or institution: **Appleman Home**  
(d) Length of stay: In hospital or institution **9-18-41-12-20-48**  
In this community **65 years**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(d) Street No. **2850 Troost**  
(e) Citizen of foreign country? **no**  
If yes, name country **XX**

3. (a) PRINT FULL NAME **Sarah Cohen**  
3. (b) If veteran, name war **XX**  
3. (c) Social Security No. **XX**

4. Sex **female** 5. Color or race **white**  
6. (a) Single, widowed, married, divorced, **widowed**  
6. (b) Name of husband or wife **Morris**  
6. (c) Age of husband or wife if alive **unknown** years  
7. Birth date of deceased **unknown**  
(Month) (Day) (Year)

8. AGE: Years **90** Months Days If less than one day  
**approx** hr. min.

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

10. Usual occupation **housewife**

11. Industry or business **XX**

MOTHER FATHER

12. Name **Barney Silverman**

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

14. Maiden name **Toby (unknown)**

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

16. (a) Informant **Mrs. Oscar Abramson**

(b) Address **5414 Paseo**

17. (a) **burial** (b) Date thereof **12-21-48**  
(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) **12-20-48** (b) **Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Dec** day **20**  
year **1948** hour **3:00** minute **a.** M.  
21. I hereby certify that I attended the deceased from **9-18-41** to **12-20-48**  
that I last saw her alive on **11-9** 19 **48**  
and that death occurred on the date and hour stated above.

Immediate cause of death **coronary thrombosis**  
Duration **3 hrs**

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations **94a**  
Of autopsy **Y**

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) (c) Means of injury  
23. Signature **J. A. Nigro** (M. D. or other) **○**  
Address **1925 Arzyle** Date signed **12-20-48**

**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.....

*Joseph M. McAuliffe*....., Registered Apprentice No. *275*  
working under my personal supervision.

Signed *Guy Buffington*.....  
Licensed Embalmer No. *2750*  
P. O. Address *KS 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.**