.S. No. 300
ev. 10-48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JAN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41045
Registrar's No. 5323

BIRTH NO. ____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside city limits, write RURAL and give township) OR TOWN Kansas City
c. LENGTH OF STAY (in this place) 25 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Menorah

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY (If outside city limits, write RURAL and give township) OR TOWN KANSAS CITY.
d. STREET ADDRESS (If rural, give location) 627 WEST, 68 ter.

3. NAME OF DECEASED (Type or Print) a. (First) ANNA b. (Middle) A c. (Last) COHEN
4. DATE OF DEATH (Month) Dec. (Day) 13th (Year) 1949

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 18 MAR. 1907
9. AGE (In years last birthday) 42 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) MUNCIE IND.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME HARRY ABELS
13b. MOTHER'S MAIDEN NAME CELIA RUSH
14. NAME OF HUSBAND OR WIFE CLARENCE C. COHEN
ADDRESS 627 W. 68, Ter.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME CLARENCE C. COHEN ADDRESS 627 W. 68 ter.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinomatosis, origin — Scirrhous carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) none
DUE TO (c) none

II. OTHER SIGNIFICANT CONDITIONS.
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION March 49
19b. MAJOR FINDINGS OF OPERATION Carcinoma of stomach with metastases 151 X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none
21c. (CITY, TOWN, OR TOWNSHIP) Kansas City (COUNTY) Jackson (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April *19* 49, *to* 13 Dec, *19* 49 *that I last saw the deceased alive on* 13 Dec, *19* 49, *and that death occurred at* 8:20 p *m., from the causes and on the date stated above.*

23a. SIGNATURE Stanley L. Goldman (Degree or title) Stanley L. Goldman MD KC
23b. ADDRESS 1430 Professional Bldg KC Mo
23c. DATE SIGNED 12-14-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 15 DEC. 1949
24c. NAME OF CEMETERY OR CREMATORY MT. CARMEL
24d. LOCATION (City, town, or county) KANSAS CITY MO. (State)

DATE REC'D BY LOCAL REG. 12-15-49
REGISTRAR'S SIGNATURE Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE J. R. Lewis ADDRESS 3490 Woodland K.C. Mo

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed A. 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.