

FILED FEB 18 1953

STANDARD CERTIFICATE OF DEATH

State File No. 591

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>50 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>414 E. 8th St. 720 Virginia</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>414 E. 8th St.</u>				d. STREET ADDRESS (If rural, give location) <u>414 E. 8th St. 720 Virginia</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u>			b. (Middle) _____		c. (Last) <u>Cohen</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 28, 1953</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 8, 1887</u>		9. AGE (In years last birthday) <u>5865</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>metal sorter</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Scrap Iron & Steel I. J. Cohen & Sons</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Russia</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>William Cohen</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Celia Fisher</u>			14. NAME OF HUSBAND OR WIFE <u>Anna Cohen</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>			16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Phillip Cohen</u> ADDRESS <u>2830 Monroe</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION						INTERVAL BETWEEN DEATH AND DEATH <u>1 month</u>	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u>						4201	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Coronary Sclerosis</u> DUE TO (b) _____ DUE TO (c) _____							
19. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21. HOW DID INJURY OCCUR? _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>9/11/53</u> , to <u>1/28, 1953</u> , that I last saw the deceased alive on <u>1/28/53</u> , and that death occurred at <u>4 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Harold Passmore MD</u>				23b. ADDRESS <u>Prof Bldg</u>		23c. DATE SIGNED <u>1/29/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-30-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sheffield</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>1-29-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis Funeral Home</u> ADDRESS <u>K. C. Mo.</u>					

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

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. Louis

Licensed Embalmer No. 3110

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
County of Jackson ss.

State File No. 5804
Local Registrar's No. 591

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 12 day of March, 1953 before me appears Etta Bayzman, who, upon her oath, states that the original record of ~~birth~~ death for Harry Cohen ^{died} ~~born~~ January 28, 1953, in the State of Missouri, and which was filed at Kansas City on 1-29, 1953, should be corrected as follows:

Item No. 2 d should read 720 Virginia

Instead of 414 E. 8th St.

Item No. 8 should read December 8, 1887

Instead of December 8, 1894

Item No. 9 should read 65

Instead of 58

Item No. _____ should read _____

Instead of Age verified by son's birth

Item No. _____ should read record - Phil H. Cohen

Instead of #3710-12

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Etta Bayzman - Daughter
Relationship.

2941 Forest - K.C. Mo.
Present Address.

Subscribed and sworn to before me this 12th day of March, 1953.

My Commission expires August 24, 1956 Bessie W. Smith Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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