

FILED MAR 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9045**  
**1036**

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1036</u>			
1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>					
b. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>		c. LENGTH OF STAY (in this place) <b>70 YEARS</b>		c. CITY OR TOWN <b>KANSASCITY</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>MENORAH MEDICAL CENTER</b>				e. STREET ADDRESS (If rural, give location) <b>7121 MAIN STREET 3918</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>NETTIE</b>			b. (Middle)		c. (Last) <b>COHN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>3 8 56</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, 2 WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>8-8-75</b>		9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and State or Foreign Country) <b>2</b> <b>MONTREAL CANADA</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>MORRIS BROWN</b>		13b. MOTHER'S MAIDEN NAME <b>ADELAIDE MEYER</b>		14. NAME OF HUSBAND/ OR WIFE <b>JOSEPH COHN</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>RALPH COHN 7121 MAIN STREET KANSAS CITY MO.</b>					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>ARTERIOSCLEROTIC OCCLUSION MIDDLE CEREBRAL ARTERIES COMPLETE ON RIGHT</b>				DUPLICATE OF RIGHT				WEEKS	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUPLICATE OF RIGHT				DUPLICATE OF RIGHT				YEARS	
DUPLICATE OF RIGHT				DUPLICATE OF RIGHT				260 X	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>MASSIVE MYOCARDIAL HYPERTROPHY LARGE OLD MYOCARDIAL INFARCTION, LEFT VENTRICLE</b>				MASSIVE MYOCARDIAL HYPERTROPHY				MONTHS	
LARGE OLD MYOCARDIAL INFARCTION, LEFT VENTRICLE				LARGE OLD MYOCARDIAL INFARCTION, LEFT VENTRICLE				MONTHS	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>3-3</u> , 19 <u>56</u> , to <u>3-8</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>3-8</u> , 19 <u>56</u> , and that death occurred at <u>11:40 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Ralph Cohn M.D.</b>				23b. ADDRESS <b>701 E 63</b>		23c. DATE SIGNED <b>3/8/56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>MARCH 9 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>ROSE HILL CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>			
DATE REC'D BY LOCAL REG. <b>3-9-56</b>		REGISTRAR'S SIGNATURE <b>Neve Minshel</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>D.H. Newcomer</b>		ADDRESS <b>1331 BROWN CREEK KANSAS CITY MO.</b>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Walter P. Jacob

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.....  
Signature of Student Embalmer

Signed *Richard L. Rogers*

Licensed Embalmer No. *441*

P. O. Address *Ke Ma*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.