

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17186
 Do not use this space.

1. PLACE OF DEATH **REC'D JUN 7 1938**
 (a) County Jackson Registration District No. 399
 (b) Township Keok Primary Registration District No. 1002 Registered No. 1883
 (c) City Kansas City, Mo. (d) Street No. Menorah Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Max A. Cohn 580
 (a) Residence, No. 4611 Agnes St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary L. Cohn
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 3rd, 1877
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 5 1

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4th, 1938
 22. I HEREBY CERTIFY, That I attended deceased from April 1, 1938 to May 3, 1938
 I last saw him alive on May 3, 1938 Death is said to have occurred on the date stated above, at 12:20 A.M.
 The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Butcher
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

Pneumonia Date of onset 4/29/38
T.B.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebraska

Other contributory causes of importance:
Arteriosclerosis
Gangrene left foot (not diabetic) 4/1/38

FATHER 13. NAME Alex Cohn
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

Name of operation left middle toe amputation Date of 4/8/38
 What test confirmed diagnosis? None Was there an autopsy? no

MOTHER 15. MAIDEN NAME Leah Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebraska

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Mary L. Cohn,
4611 Agnes Avenue, K.C. Mo.

Manner of injury _____
 Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington, DATE May 6th, 1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs. C. L. Forster,
918 Brooklyn Avenue, K.C. Mo.

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Geo H. Pallock M. D.
 (Address) 1314 Bryant Bldg

20. FILED 5-5 1938 M. L. Forster
 Local Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

281

1:30 P

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 *Theron A. Redmon*

Licensed Embalmer No. *2737*

P. O. Address *918 Brooklyn*

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, above space should be left blank.