. No. 2
-11-10-39
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 12 1940

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 9692

Registrar's No. 1126

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3242 Park Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---
(Specify whether In this community 25 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits write "RURAL")

(d) Street No. 3242 Park Avenue
(If rural, give location)

(e) If foreign born, how long in U. S. A.? --- years.

3. (a) PRINT FULL NAME Mr. Frank Joseph Cochennet

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Lula Belle Cochennet

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased July (Month) 26 (Day) 1869 (Year)

8. AGE: Years 70 Months 7 Days 16 If less than one day ___ hr. ___ min.

9. Birthplace Manitowa (City, town, or county) Wisconsin (State or foreign country)

10. Usual occupation Motorman

11. Industry or business K. C. Public Service Co.

FATHER
12. Name Unknown Cochennet
13. Birthplace (City, town, or county) France (State or foreign country)

MOTHER
14. Maiden name Ellen Sharvoz
15. Birthplace (City, town, or county) Switzerland (State or foreign country)

16. (a) Informant Mrs. V. J. Cochennet
(b) Address 3242 Park

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 14, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director D. W. Newcomer's Son
(b) Address 1401 Brush Creek Blvd.

19. (a) Mch 12, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11th year 1940 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from Dec 12. 1939 Mar 11, 1940, to Mar 11. 1940, 19__; that I last saw him alive on Dec 12. 1939, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Haemorrhage	10 min.
Due to Arterio-sclerosis. J. L.	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy none	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature F. B. Wallace (M. D. or other) MD

Address 703 Lathrop Bldg Date signed 3.12.40

(Licensed Embalmer's Statement on Reverse Side)

12:30-5

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 C. Hervey Guisenber

Licensed Embalmer No. 4070

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, above space should be left blank.