

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 181

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

1. PLACE OF DEATH:

(a) County CALLAWAY
(b) City or town FULTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: STATE HOSPITAL NO. 12
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 YEARS
(Specify whether years, months or days)
In this community LIFETIME

3. (a) PRINT FULL NAME ABRAHAM COHN

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or Race WHITE 6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased ? 1876
(Month) (Day) (Year)

8. AGE: Years 65 Months ? Days ? If less than one day _____ hr. _____ min.

9. Birthplace FULTON, MO. (S) D
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business NONE

MOTHER FATHER { 12. Name NOT KNOWN
13. Birthplace NOT KNOWN 9
(City, town, or county) (State or foreign country)
14. Maiden name NOT KNOWN
15. Birthplace NOT KNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant CALLAWAY COUNTY CO

(b) Address FULTON, MISSOURI

17. (a) REMOVAL (b) Date thereof 6-27-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia mo

18. (a) Signature of funeral director J. C. Roberts

(b) Address Columbia mo

19. (a) June 27, 1941 (b) R. N. Creva
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CALLAWAY
(c) City or town FULTON (S)
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 22
year 1941 hour 7:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from Mo. Tenn. Ga.
JUNE 22, 1941, to 7:30 P.M., JUNE 22, 1941;
that I last saw him alive on JUNE 22, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Lobar pneumonia
Due to chronic myocarditis

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

Duration _____
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? _____

While at work? _____ (Specify type of place)

23. Signature Joseph J. Imphillace (M. D. or other) 106

Address Fulton State Hospital Date signed 6/27/41

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.....

Licensed Embalmer No.....

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.