

S. No. 2
M-5-42
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13094

State File No.

Registrar's No. 1626

MAY 3 1943 149
Registration District No.

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Mo
(c) Name of hospital or institution:
2617 East 31st
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 yrs. (Specify whether 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. 2617 East 31st.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Gilbert Cohen
(b) If veteran, name war World War (c) Social Security No. unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 4 day 4
year 43 hour 2:15 minute PM M.
21. I hereby certify that I attended the deceased from at home 19...
that I last saw him alive on 19...
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Selma Cohen 6. (c) Age of husband or wife if alive unknown

Investigate cause of death.
German measles
acute hemorrhagic edema
Due to 94a

8. AGE: Years 49 Months _____ Days _____ If less than one day hr. _____ min.

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

10. Usual occupation Laundry Owner

11. Industry or business _____

MOTHER FATHER { 12. Name unknown
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Selma Cohen
(b) Address 12 E. Mv.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-6-43 (Month) (Day) (Year)
(c) Place: burial or cremation St. Carmel Cemetery

18. (a) Signature of funeral director H TIGERMAN & SONS
(b) Address 2738 Prospect

19. (a) 4/5/43 (Date received local registrar) (b) M M Crown (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings _____
Of operations _____
Of autopsy see above

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) (c) Means of injury _____
23. Signature [Signature] (Date signed) 4/5/43
Address _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

MAY 4 1945

APR 20 1945

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 ~~2744~~

Francis Walton, Registered Apprentice No. *2744*
working under my personal supervision.

Signed

J. W. Pugin

Licensed Embalmer No. *2744*

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, fact should be so stated above.