

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5204

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:
29381 Brooklyn
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2.0 yrs 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. 2938 Brooklyn
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Minnie B. Cohen

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Fe 5. Color or race Wh
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Abraham
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased unk
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 10 year 1943 hour 2 minute 30 A.M.
21. I hereby certify that I attended the deceased from Dec 6 1943 to Dec 10 1943
that I last saw her alive on Dec 6 1943
and that death occurred on the date and hour stated above.

Immediate cause of death uremia Duration _____

Due to Cardio-vascular-renal disease

Due to _____

Other conditions (include pregnancy within 3 months of death) 13/10

Major findings: Of operations _____
Of autopsy _____

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

8. AGE: Years 69 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Mayer L. Bloch

13. Birthplace Russia
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nathan Mannason
(b) Address K.C. Mo.

17. (a) Burial (b) Date thereof 12-12-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Cem

18. (a) Signature of funeral director J. P. Louis Funeral Home
(b) Address K.C. Mo.
19. (a) 12-10-43 (b) D. E. Brown
(Date received local registrar's certificate) (Registrar's signature)

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) Means of injury _____

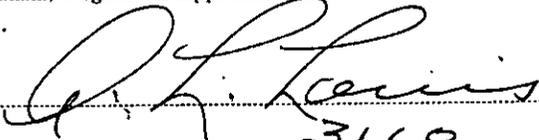
23. Signature Asst. J. P. Louis MD (M. D. or other) _____
Address 408 Argyle Bldg Date signed 12/10/43

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

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. 3110
P. O. Address..... H. C. 740

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.