

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>2 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>6816 Holmes</u> <u>3868</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6816 Holmes</u>			

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
		<u>Jack Elias Cohn</u>		<u>Dec. 14, 1950</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 16 1898</u>	9. AGE (In years last birthday) <u>52</u>	# UNDER 1 YEAR Months <u>0</u>	# UNDER 2 WEEKS Days <u>0</u>	# UNDER 2 HRS. Hours <u>0</u>	Minutes <u>0</u>
-----------------------	----------------------------------	--	--	--	--------------------------------------	-------------------------------------	-------------------------------------	---------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Martha Maid Mfg. Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Cedar Rapids Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
--	--	---	---

13a. FATHER'S NAME <u>Benjamin Cohn</u>	13b. MOTHER'S MAIDEN NAME <u>Anna (Unknown)</u>	14. NAME OF HUSBAND OR WIFE <u>Ruth Elna Cohn</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Ruth Elna Cohn</u>	ADDRESS <u>6816 Holmes K.C. Mo.</u>
---	----------------------------------	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary arteriosclerosis - severe - with old occlusion - rt. coronary artery</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4201</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Old myocardial infarct.</u>		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Acute pulmonary edema.</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from Oct 1949 to Dec 14, 1950, that I last saw the deceased alive on Sept 10, 1950, and that death occurred at 4:25 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Joseph H. Printz M.D.</u>	23b. ADDRESS <u>1103 Grand</u>	23c. DATE SIGNED <u>12-14-50</u>
--	-----------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Dec. 16 1950</u>	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) <u>Chicago, ILL.</u>
---	----------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>12-16-50</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J.P. Louis</u>	ADDRESS <u>Funeral Home K.C. Mo.</u>
---	--	---	---

WRITE PLAINLY—USING 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Guy Buffington

Licensed Embalmer No. *2256*

Signed.....
Student Embalmer

P. O. Address *N.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.