

FILED AUG 4 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 22983  
3077

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 27 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		11	
d. FULL NAME OF HOSPITAL OR INSTITUTION Menorah Hospital				d. STREET ADDRESS (If rural, give location) 229 Ward Parkway - Riviera Apts.			
3. NAME OF DECEASED (Type or Print) a. (First) SYLVESTER		b. (Middle) H.		c. (Last) COHN		4. DATE OF DEATH (Month) (Day) (Year) July 18, 1951	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Single		8. DATE OF BIRTH Aug. 26, 1887	
9. AGE (In years last birthday) 63		10. AGE (In years last birthday) 63		11. BIRTHPLACE (State or foreign country) /		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - Boston Dept. Store, Wichita, KS				10b. KIND OF BUSINESS OR INDUSTRY			
13a. FATHER'S NAME Charles G. Cohn			13b. MOTHER'S MAIDEN NAME Cora Hirsch			14. NAME OF HUSBAND OR WIFE -	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Herbert Kahn, Highland Pk., Ill.			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute pulmonary Edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) Hypertensive Cardiovascular disease				INTERVAL BETWEEN ONSET AND DEATH 4 days 10 years 20 yrs 4200	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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) (Min)		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 11/18, 1949, to 7/18, 1951, that I last saw the deceased alive on 7/18, 1951, and that death occurred at 11:00 P. M., from the causes and on the date stated above.							
23a. SIGNATURE Morris Statland M.D. (Degree or title)				23b. ADDRESS 1406 Bryant Bldge KC, Mo		23c. DATE SIGNED 7/19/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/20/51		24c. NAME OF CEMETERY OR CREMATORY Rosehill		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 7-20-51		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE, Kansas City, Missouri			

(Licensed Embalmer's Statement on Reverse Side)

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

Mr. Norman Stollard (Or System)  
Raymond B. King 1406

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 .....  
Student Embalmer

Student Embalmer No. ....  
Signed *Eugene Kinnon*

Licensed Embalmer No. *4633*

P. O. Address *Kansas City, 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.