

1938 JAN 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

41921
Do not use this space.

1. PLACE OF DEATH

(a) County JACKSON Registration District No. 399
 (b) Township KAW Primary Registration District No. 1002 Registered No. 4987
 (c) City KANSAS CITY (d) Street No. TRINITY HOSPITAL St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT/FULL NAME MRS AGNES JONES COLEMAN

(a) Residence, No. 2327 DENVER St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF RICHARD B. COLEMAN
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEBRUARY 26 1896
 7. AGE YEARS 42 MONTHS 9 DAYS 26 IF LESS THAN 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. BOOKKEEPER
 9. Industry or business in which work was done, as saw mill, bank, etc. KC SCHOOL BOARD
 10. Date deceased last worked at this occupation (month and year) DECEMBER 1938 11. Total time (years) spent in this occupation 1 1/2

12. BIRTHPLACE (CITY OR TOWN) HANNIBAL (STATE OR COUNTRY) MISSOURI

FATHER 13. NAME BENJAMIN F. JONES

14. BIRTHPLACE (CITY OR TOWN) WHEELING (STATE OR COUNTRY) WEST VIRGINIA

MOTHER 15. MAIDEN NAME ANNA ORR MATHEWS

16. BIRTHPLACE (CITY OR TOWN) STERLING (STATE OR COUNTRY) ILLINOIS

17. INFORMANT MISS BETTY COLEMAN (ADDRESS) 2327 DENVER

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. MORIAH DATE DECEMBER 24 1938

19. FUNERAL DIRECTOR (NAME) D.W. NEWCOMER'S SONS (ADDRESS) 1401 BRUSH CREEK

20. FILED Dec 23 1938 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DECEMBER 22 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1938, to Dec 22, 1938
 I last saw her alive on Dec 22, 1938. Death is said to have occurred on the date stated above, at 8:50 P.M.
 The principal cause of death and related causes of importance were as follows:

Acute Yellow Atrophy of Liver Date of onset Dec 9 1938
12:50

Other contributory causes of importance:
 Name of operation Bladder drainage Date of 12/22/38
 What test confirmed diagnosis? Yes Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify John M. Powers, M. D.
 (Signed) John M. Powers (Address) 3322 E. 27th St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1-5
Mace - 29th x Williams

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 Evile M. Calhoun

Licensed Embalmer No. 3506

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, above space should be left blank.