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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **24331**
Registrar's No. **2941**

AUG 14 1940

Registration District No. **399** Primary Registration District No. **1002**

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

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: **K.C. General Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 Mo. & 9 days**
(Specify whether In this community **503 Years**
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. **457 Cypress**
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME **Mrs. S. Coffin (Mrs. May B. Coffin)**

8. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mr. Lemuel F. Coffin** 6. (c) Age of husband or wife if alive **78** years

7. Birth date of deceased **July 14 1862**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	0	7	hr. min.

9. Birthplace **Unknown** **Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business **At Home**

MOTHER FATHER

12. Name **William Scott**
13. Birthplace **Unknown** **Indiana**
(City, town, or county) (State or foreign country)
14. Maiden name **Martha Edwards**
15. Birthplace **Unknown** **Tennessee**
(City, town, or county) (State or foreign country)

16. (a) Informant **Hospital Records**
(b) Address **K.C. General Hospital**

17. (a) **Burial** (b) Date thereof **July 23, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: **Mount Moriah Cemetery**

18. (a) Signature of funeral director **D. H. Newcomer**
(b) Address **1401 Brush Creek Blvd.**

19. (a) **July 23, 1940** (b) **M. M. Croome**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **21st**
year **1940** hour **1** minute **15 A** M.

21. I hereby certify that I attended the deceased from **June 12th 1940** to **July 21st, 1940**
that I last saw him or alive on **July 21st, 1940** and that death occurred on the date and hour stated above.

Immediate cause of death: **Abscess of left shoulder with possible septicemia**

Due to **Cause unknown**

Other conditions: **Acute pulmonary edema**
(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?

23. **Wrote at work?** (Specify type of place) Means of injury **!**
Walter R. Shaw (M. D. or other)
Med. Dir. K.C. Gen. Hospital
Address Date signed

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

NAME

ADDRESS

CITY

STATE

COUNTY

DATE

TIME

BY

ME

APPROVED

OR

BY

APPROVED

REGISTERED APPRENTICE

NO.

WORKING UNDER MY PERSONAL SUPERVISION

DATE

TIME

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.

STATE OF MISSOURI

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 *A. C. Newcomer Jr.*
Licensed Embalmer No. *4048*
P. O. Address *A. C. Newcomer*

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.