

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. **30895**
 Registrar's No. **3458**

No. 2
 -10-39
 17-39
 X21492

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

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: Mercy Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 Hours
(Specify whether
 In this community 1
years, months or days)

3. (a) PRINT FULL NAME NORA EVELYN COLEMAN
3. (b) If veteran, Nora Evelyn Coleman **(c) Social Security**
 name war None No. None

4. Sex Female **5. Color or race** White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife -- **6. (c) Age of husband or wife if**
-- -- -- **years**
7. Birth date of deceased April 3 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 29 hr. min.

9. Birthplace Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Infant 0

11. Industry or business -- 0

MOTHER { **12. Name** Charles Turner Coleman
13. Birthplace Mo
(City, town, or county) (State or foreign country)
14. Maiden name Goldie Mary
15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Charley J. Coleman
(b) Address R. F. D. # 1, Ohio, Missouri

17. (a) Burial 11/11/40 **(b) Date thereof** Sept. 2nd, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or crematory Appleton City, Mo.

18. (a) Signature of funeral director D. H. Newcomer, son
(b) Address 1401 Brush Creek Blvd
Sept. 3, 1940
19. (a) Sept. 3, 1940 **(b)** M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County ...
 (c) City or town Ohio
(If outside city or town limits, write "RURAL")
 (d) Street No. R. F. D. # 1
(If rural, give location)
 (e) If foreign born, how long in U. S. A.?
 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 2nd
 year 1940 hour ... minute 30 A. M.
21. I hereby certify that I Deputy Coroner **the deceased from**
... 19... to ... 19...
 that I ... **the deceased**
 and that ... **occurred on the date and hour stated above.**

Immediate cause of death
Gastroenteritis
 Due to 11/11/40
 Due to ...
 Other conditions Dehydration
(Include pregnancy within 6 months of death)
Major findings: terminal
Of operations
Of autopsy same

Duration
PHYSICIAN
 Underline the cause to which death should be charged statistically.
19

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)
23. Signature W. D. or other
 Address K. E. Mo Date signed ...

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 George M. Collier

Licensed Embalmer No. 3839

P. O. Address K. 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, above space should be left blank.