

Registration District No. 299 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: K.C. General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 30 Years
years, months or days)

3. (a) PRINT FULL NAME Charles H. Coats
3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Augusta L. Coats 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased October 30 - 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 2 14 hr. min.

9. Birthplace Tiptonville Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist Retired

11. Industry or business

MOTHER FATHER { 12. Name James Shelby Coats

13. Birthplace Lake County Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Hooring

15. Birthplace Lake County Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Charles L. Coats

(b) Address 1404 East 28th. Street

17. (a) Burial (b) Date thereof 1-16-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918 Brooklyn, K.C. Mo.

19. (a) Jan 15 1941 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 93
(If outside city or town limits, write "RURAL")
(d) Street No. 1404 East 28th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14th
year 1941 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from 1-11-41 to 1-14-41 19____;
that I last saw him alive on 1-14-41 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation; Hydrothorax; Massive atelectasis

Due to _____
Due to _____

Other conditions (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?

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature Dr. R. L. Brown (M. D. or other)
Address Med. Bldg. K.C. Gen. Hospital Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *me*

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

C. H. M. use
.....
Licensed Embalmer No. *2590*

P. O. Address *K O M O*

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.