

S. No. 2
-11-10-39
-5-17-39
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FILED JUN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17069

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1731

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:
318 W. 12
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution -- (Specify whether years, months or days)

8. (a) PRINT Marvin Mike Coffey
FULL NAME

8. (b) If veteran, name war -- 8. (c) Social Security No. 412-68-2933

4. Sex Male () race White

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Coffey

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased May 5 1906
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>33</u>	<u>34</u>	<u>11</u>	<u>26</u>
				hr. min.

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

10. Usual occupation Bartender

11. Industry or business

MOTHER FATHER { 12. Name Lincoln Coffey

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

14. Maiden name Emma Gunter

15. Birthplace Parkville, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Coffey
(b) Address Parkville, Mo.

17. (a) Removal (b) Date thereof 5-2-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parkville, Mo.

18. (a) Signature of funeral director Noland Fun'l. Home

(b) Address Parkville, Missouri

19. (a) May 2 1941 (b) M. M. Cron
(Date received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
Missouri

(a) State Missouri (b) County 83

(c) City or town Parkville, Route # 1
(If outside city or town limits, write "RURAL") 0

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1
year 1941 hour 6 minute 40 P. M.

21. I hereby certify that I attended the deceased from 19 1941
that I last saw him alive on 19 1941
and that death occurred on the date and hour stated above.
Immediate cause of death Acute pulmonary edema
Chronic myocarditis
Coronary sclerosis

Duration

Other conditions (include pregnancy within 3 months of death) 1211
1211

PHYSICIAN

Major findings:
Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

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 place of work) (Specify means of injury)

23. Signature [Signature] (M. D. or other) 3
Address K.C. Mo Date signed

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 Paul G. Rowe

Licensed Embalmer No. 2347

P. O. Address W. 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.