No. 2
1-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 16 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24346

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2885

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: Gen. Hosp. #2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 wks. and 2 days (Specify whether
In this community 10 years 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 048
(a) State Missouri (b) County Jackson
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 2534 Euclid (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME OPHELIA COLEMAN
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female 3
5. Color or race Col
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife W.B. Coleman
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased Sept. 1, 1899 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	42	1	6	hr. min.

9. Birthplace Carney, Okla. (City, town, or county) 1 (State or foreign country)
10. Usual occupation Housework
11. Industry or business
FATHER
12. Name Henry Harrison
13. Birthplace Ark. (City, town, or county) 1 (State or foreign country)
MOTHER
14. Maiden name Frances Jamison
15. Birthplace Miss. (City, town, or county) 1 (State or foreign country)
16. (a) Informant Frances Jamison
(b) Address 2534 Euclid. 2nd F.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/4/41 (Month) (Day) (Year)
(c) Place: burial or cremation Blue Ridge Lawn
18. (a) Signature of funeral director Watkins Bros
(b) Address 1729 Tyler
19. (a) 7-31-41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day 7-26-41
year hour minute M.
21. I hereby certify that I attended the deceased from 10:20 P.
19 , to 19 ;
that I last saw him alive on 19 ;
and that death occurred on the date and hour stated above.
Immediate cause of death Acute pulmonary embolism
Due to following supra cervical
Due to hysterectomy for fibroid
Other conditions (Include pregnancy within 3 months of death) 56B
Major findings:
Of operations
Of autopsy yes 56B

Duration

PHYSICIAN
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other) 3
Address K.C. Mo. Date signed

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(Licensed Embalmer's Statement on Reverse Side)

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 Isaac Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address 11206 23rd St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.