. S. No. 2
M—1-4-41
ev. 5-17-39
I X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 16 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5269

Registration District No. 39a

Primary Registration District No. 1002

Registrar's No. 927

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 No.1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether

In this community 63 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 45

(c) City or town Kansas City 5
(If outside city or town limits, write "RURAL")

(d) Street No. 5646 Agnes Avenue 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ------

3. (a) PRINT FULL NAME CHARLES ALFRED CORCORAN

3. (b) If veteran, name war No

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 Mrs. Hattie Cocoran

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased September (Month) 28 (Day) 1877 (Year)

8. AGE: Years 64 Months 5 Days 8 If less than one day hr. min.

9. Birthplace Indianapolis (City, town, or county) / Indiana (State or foreign country)

10. Usual occupation

11. Industry or business W. P. A.

FATHER
12. Name Charles Edward Cocoran
13. Birthplace Hamilton (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Hattie Peters
15. Birthplace Louisville (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Hattie Corcoran
(b) Address 5646 Agnes

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 7, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director D. W. Newcomers Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 3/6/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6th year 1942 hour 10 minute 45 A.M. M.

21. I hereby certify that I attended the deceased from 3-2-42, 19__, to 3-6-42, 19__; that I last saw him alive on 3-6-42, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death CHRONIC MTOCARDIAL INFARCTION; EMPHYSEMA; CHRONIC ARTERIOSCLEROTIC

Due to NEPHRITIS

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy See above

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 Amery R. Thorn (M. D. or other)
Address Med. Dir. K.C. Gen. Hospital Date signed

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(Licensed Embalmer's Statement on Reverse Side)

APR 9 1942

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 Emile M. Calhoun

Licensed Embalmer No. 3506

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, fact should be so stated above.