DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 8 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21394

Registration District No. 483 | Primary Registration District No. 5557 | Registrar's No. 78

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural [illegible]
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 63rd Street & Blue Ridge Cutoff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution -- (Specify whether In this community 14 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3613 East 27th Street 8
(If rural, give location)

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

If yes, name country --

3. (a) PRINT FULL NAME Miss Betty Jean Coleman

3. (b) If veteran, name war No

3. (c) Social Security 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 alive -- years

7. Birth date of deceased August (Month) 12 (Day) 1927 (Year)

8. AGE: Years 14 | Months 9 | Days 19 | If less than one day ... hr. ... min.

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

10. Usual occupation Student

11. Industry or business Central High School

FATHER
12. Name Elmer F. Coleman
13. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Dorothy McLean
15. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Dorothy Coleman
(b) Address 3613 E 27

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof June 3, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation D. W. Newcomer's Sons

18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd., K.C.Mo.

19. (a) June 3 1942 (Date received local registrar) (b) Mrs G. E. Darwin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31st year 1942 hour ... minute 8:10 P.M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Duration

Due to Crushing Injury of Chest

Due to Automobile Traumatism

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

170 C-6
22

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) Accident

(b) Date of occurrence 5-31-42 048

(c) Where did injury occur? Jackson (City or town) (County) (State) No

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Hiway Intersection (Specify type of place)

While at work? (e) Means of injury Car collided

23. Signature Russell [illegible] (M. D. or other) N

Address Kan Date signed

1159 (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.....

Licensed Embalmer No. 4199

P. O. Address.....

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.

V. S. No. 2B
0M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 403 Primary Registration District No. 33-57 Registrar's No. 78

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

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: — —
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community 14 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3613 East 27th St
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Betty Jean Coleman
3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex: F 5. Color or race: W 6. (a) Single, widowed, married, divorced: S
6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: Aug (Month) 12 (Day) 1927 (Year)
8. AGE: Years 14 Months 9 Days 19 If less than one day ____ hr. ____ min.
9. Birthplace: K.C. (City, town, or county) Kans (State or foreign country)
10. Usual occupation ____
11. Industry or business ____
MOTHER FATHER
12. Name ____
13. Birthplace ____ (City, town, or county) ____ (State or foreign country)
14. Maiden name ____
15. Birthplace ____ (City, town, or county) ____ (State or foreign country)
16. (a) Informant ____
(b) Address ____
17. (a) ____ (Burial, cremation, or removal) (b) Date thereof ____ (Month) (Day) (Year)
(c) Place: burial or cremation ____
18. (a) Signature of funeral director ____
(b) Address ____
19. (a) June 3 1942 (Date received local registrar) (b) Mrs C E Garvin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 31 day May year 1942 hour 8 minute 50 P.M.
21. I hereby certify that I attended the deceased from ____ 19__ to ____ 19__; that I last saw him alive on ____ 19__ and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Crushing Injury of Chest	1
Due to: Automobile Traumatism	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ____
Of autopsy ____

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: Russell W Kim (M. D. or other) Coroner
Address: K.C. Mo Date signed May 31 1942

SUPPLEMENTARY

S-21394