

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

3276

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution **National Aeronautical School**
(d) Length of stay: In hospital or institution **30 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jackson**
(c) City or town **Kansas City**
(d) Street No. **2705 East 35th St.**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **William Martin Coughlin**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **-495-09-5819**

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

6. (b) Name of husband or wife **Mary E. Coughlin**
6. (c) Age of husband or wife if alive **57** years

7. Birth date of deceased **Oct. 12, 1881**

8. AGE: Years **60** Months **10** Days **19**
If less than one day hr. min.

9. Birthplace **Aud, Mo.**

10. Usual occupation **Guard**

11. Industry or business **National Aeronautical School**

MOTHER FATHER {
12. Name **James Coughlin**
13. Birthplace **County Mayo, Ireland**
14. Maiden name **Eileen McGuire**
15. Birthplace **Ireland**

16. (a) Informant **Mrs Mary E. Coughlin**
(b) Address **2705 East 35th St.**

17. (a) **Burial** (b) Date thereof **Sept. 4, 1942**

(c) Place: burial or cremation **St. Marys**

18. (a) Signature of funeral director **Thomas E. Quick Funeral Home**
(b) Address **4316 Troost Ave**

19. (a) **9-3-42** (b) **M. M. Brown**

MEDICAL CERTIFICATION:

20. DATE OF DEATH: Month **Sept.** day **4th** year **1942** hour **10:20** minute **P.M.**

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

Immediate cause of death **Acute coronary thrombosis**
Acute myocardial infarction
Due to **94a**

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: **See above**
Of operations:
Of autopsy: **See above**
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature **R. C. Moore** (M. D. or other)
Address **R. C. Moore** Date signed **9/2/42**

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

C

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

Thomas J. Jewell

Licensed Embalmer No.

3775

P. O. Address

1100 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.