

FILED JAN 21 1943
149

Registration District No. _____ Primary Registration District No. **1002**

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: **O Conley Clinical Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **11 days**
(Specify whether years, months or days)

In this community **Non Resident**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____

(c) City or town **Urich**
(If outside city or town limits, write "RURAL")

(d) Street No. **R. R. #3**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mrs. Beulah Ethel Coke**

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

3. (c) Social Security No. **No**

4. Sex **Fe**

5. Color or race **Wh**

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

6. (b) Name of husband or wife **Wm. Walter Coke, Jr.**

6. (c) Age of husband or wife if alive **37** years

7. Birth date of deceased **September 15 1904**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
38	3	21	hr. _____ min. _____

9. Birthplace **Windsor Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

MOTHER FATHER

12. Name **Edgar Haves**

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

14. Maiden name **Birdie Blecker**

15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Wm. Walter Coke, Jr.**

(b) Address **R #3 Urich, Missouri**

17. (a) **Removal** (b) -Date thereof **1-6-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Creighton, Mo.**

18. (a) Signature of funeral director **J. W. Wagner**

(b) Address **Kansas City, Mo.**

19. (a) **1-6-43** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **6th**
year **1943** hour **1:** minute **28** A.M.

21. I hereby certify that I attended the deceased from **Dec 25** to **Jan 5th** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Septicemia complicated by bilateral lobar pneumonia**

Due to _____

Due to _____

Other conditions. **109**
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy **Bilateral lobar pneumonia**

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? _____

While at work? _____ (Specify type of place)

23. Signature **J. M. Sellums** (M.D. or other)
Address **2105 Independent Ave** Date signed **Jan 6/43**

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

FEB 1 1943

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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City, 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.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

Jackson

- (a) County: Kansas City
- (b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution: Conley Clinical Hospital
(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)

3. (a) PRINT FULL NAME Mrs. Beulah Ethel Coke

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: M

6. (b) Name of husband or wife: _____ 6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: Sept. 15 1904
(Month) (Day) (Year)

8. AGE: Years 38 Months 3 Days 21
(Unless than one day)

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

10. Usual occupation: Home

11. Industry or business: _____

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) _____ (b) Date thereof: _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: _____

18. (a) Signature of funeral director: _____

(b) Address: _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Henry

(c) City or town: URICH
(If outside city or town limits, write "RURAL")

(d) Street No.: R. R. #3
(If rural, give location)

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

If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. 1943
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Tetanus
Complicated by bilateral lobar pneumonia

Due to: unknown; There was no history of a wound - Due to the woman was delivered about 3 weeks previously

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: Of operations: _____

Of autopsy: Bilateral lobar pneumonia

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? _____

While at work? _____ (Specify type of place) (c) Means of injury: _____

23. Signature: _____ (M. D. or other) _____
Address: 123-N. Gladstone Date signed: _____

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

SUPPLEMENTARY

1020