

FILED JAN 3 1944 149

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 5282

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

1. PLACE OF DEATH:

(a) County Jackson Co.

(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Children's Mercy Hospital
(If not in hospital or institution, write street number or location)

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

In this community few mo.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cass

(c) City or town Pleasant Hill - Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 112 Commercial
(If rural, give location)

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

3. (a) PRINT FULL NAME Coleman, Sammy Joe

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14
year 1943 hour 2 minute 45 A.M.

4. Sex Male 5. Color or race Wh

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife _____

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

7. Birth date of deceased July 23 1942
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 11 1943 to Dec 14 1943
that I last saw him alive on Dec 14, 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

1 4 26 21 hr. min.

9. Birthplace Pleasant Hill, Mo.
(City, town, or county) (State or foreign country)

Immediate cause of death Spinal meningitis

Due to _____

Due to 8/10

10. Usual occupation _____

11. Industry or business None

MOTHER FATHER { 12. Name HARRY Coleman

13. Birthplace Pleasant Hill Mo
(City, town, or county) (State or foreign country)

14. Maiden name Ruby Parris

15. Birthplace Pleasant Hill Mo.
(City, town, or county) (State or foreign country)

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.

16. (a) Informant Mrs. Laster Parris

(b) Address Pleasant Hill Mo.

17. (a) Removal (b) Date thereof 12-14-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill

18. (a) Signature of funeral director H. J. Hoisinger

(b) Address Pleasant Hill Mo.

19. (a) 12-14-43 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

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? MO.

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature P. T. Shanks (Date signed 12-14-43)
Address Pleasant Hill, Mo.

Neacock

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..... *P. H. Nofsinger*

Licensed Embalmer No. *3938*

P. O. Address *Pleasant Hill*

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.