

3. No. 1-8-43 5-17-39 12-23-723

FILED MAY 1 1944 9 Registration District No. 44

Primary Registration District No. 1002

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

1. PLACE OF DEATH: (a) County Jackson (b) City or town Kansas City (c) Name of hospital or institution St. Joseph Hospital (d) Length of stay: In hospital or institution 16 years

2. USUAL RESIDENCE OF DECEASED: (a) State Missouri (b) County Jackson (c) City or town Kansas City (d) Street No. 50th & Bennington (e) Citizen of foreign country? No

3. (a) PRINT FULL NAME MRS. GRACE COFFEY (b) If veteran, name war No (c) Social Security No None

MEDICAL CERTIFICATION 20. DATE OF DEATH: Month April day 12 year 1944 hour 10: minute 10 A.M.

5. Color or race Female White (a) Single, widowed, married, divorced, Married (b) Name of husband or wife William A. (c) Age of husband or wife if alive 47 years Birth date of deceased March 8th, 1895

21. I hereby certify that I attended the deceased from that I last saw h. alive on and that death occurred on the date and hour stated above. Immediate cause of death UREMIA

8. AGE: Years 49 Months 1 Days 4 If less than one day hr. min.

Due to AN DRIA - PRESURE N.E.O.R.O.S.I.S + K.I.D.N.E.Y A.T.R.O.P.H.Y.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Mark L. Thompson

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

14. Maiden name Nancy Biggs

15. Birthplace No Record (City, town, or county) (State or foreign country)

16. (a) Informant William A. Coffey

(b) Address 50th Bennington

17. (a) Burial (b) Date thereof 4/15/44 (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cemetery

18. (a) Signature of funeral director. (b) Address 20 W. Linwood

19. (a) 2-14-44 (b) N. E. Brown (Date received local registry) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Of autopsy SAME

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 J. J. Loffoon (M. D. or other) Address Raytown Mo Date signed 4-13-44

Physician Underline the cause to which death should be charged statistically.

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.....

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.