

FILED MAY 5 1944/9
Registration District No. 277

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:
General Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4-13-44-4-22-44
(Specify whether years, months or days) 6 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4027 Mill
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME THERESA COLEMAN

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or Race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Leonard Coleman 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased August 14 1903
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 8 8 hr. min.

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

10. Usual occupation Unemployed

11. Industry or business

12. Name Richard Hayes

13. Birthplace S. C.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Quarles

15. Birthplace S. C.
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) burial (b) Date thereof 4/27/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Hatkins Bros.

(b) Address 1729 Lydia

19. (a) 4-27-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22
year 1944 hour 6:50 minute A. M.

21. I hereby certify that I attended the deceased from April 13, 1944, to April 22, 1944, that I last saw him alive on April 22, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac insufficiency Duration

Due to Hypertensive type heart disease

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93d

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 D. E. Brown (M. D. or other)

Address New Hope, Mo. 6006 Date signed 4/25/44

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

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.....

D. J. Manlove

Licensed Embalmer No. *3994*

P. O. Address.....

2503 Highland

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.