V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1030

FILED FEB 6 1945

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 273

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town K.C.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1606 Forest
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution unknown (Specify whether years, months or days)
In this community unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town K.C. 49
(If outside city or town limits, write "RURAL")
(d) Street No. 1606 Forest 3
(If rural, give location)
(e) Citizen of foreign country? No 8 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ~~Blain~~ Roy Coletharp

3. (b) If veteran, name war no
3. (c) Social Security No. # unknown

4. Sex Male 2
5. Color or race Col
6. (a) Single, widowed, married, divorced Mar. 1
6. (b) Name of husband or wife Be Coltharp
6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased May (Month) 3 (Day) 1900 (Year)

8. AGE: Years 44 Months 8 Days 12 — If less than one day hr. min.

9. Birthplace Greenwood (City, town, or county) Ark. 1 (State or foreign country)
10. Usual occupation Steel Worker
11. Industry or business William Coltharp
FATHER
12. Name ~~Josie Maxwell~~ Ark. 1
13. Birthplace ~~Memphis~~ ~~Tenn.~~ (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Josie Maxwell
15. Birthplace Memphis (City, town, or county) Tenn. 1 (State or foreign country)
16. (a) Informant Blain Coletharp
(b) Address 1518 Harrison
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-20-45 (Month) (Day) (Year)
(c) Place: burial or cremation Burial-Highland
18. (a) Signature of funeral director Adkins Bros.
(b) Address 2000 E. 12th K.C. Mo.
19. (a) 1-18-45 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15 year 1945 hour 1.00 minute a M.
21. I hereby certify that I attended the deceased from Deputy Coroner, 19 ; that I last saw h. alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Trauma — Duration
Fracture of Cervical Spine
Due to Dislocation of Femur
Due to Rt. Hip Jt. 8
Other conditions Shock 14
(Include pregnancy within 3 months of death) 1945 19

Major findings:
Of operations
Of autopsy Yes

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) Acc.
(b) Date of occurrence 1-14-45
(c) Where did injury occur? K.C. Jackson Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Dont know found dead at home (Specify type of place)
While at work? (e) Means of injury Trauma
23. Signature L. P. Richardson (M. D. or other)
Address 1832 Vine Date signed 1-16-45

(Licensed Embalmer's Statement on Reverse Side)

1927

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 A. T. Moore

Licensed Embalmer No. 948

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.