V. S. No. 2
00M—5-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 29 1945

Registration District No. 147

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 8524
Registrar's No. 1196

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: 6025 Walnut Street, (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether In this community 6 months years, months or days)

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") 49
(d) Street No. 6025 Walnut Street, (If rural, give location) 3
(e) Citizen of foreign country? no. 12 (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME Frank Frazier Coon, Sr.
3. (b) If veteran, name war no.
3. (c) Social Security No. no.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed,
6. (b) Name of husband or wife Lucy Coon
6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased December (Month) 24 (Day) 1861 (Year)

8. AGE: Years 83 Months 2 Days 20 If less than one day hr. min.

9. Birthplace Ohio (City, town, or county) 1 (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business Farm

FATHER
12. Name Alfred Coon
13. Birthplace unknown, (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Frankenberger,
15. Birthplace unknown, (City, town, or county) 9 (State or foreign country)

16. (a) Informant Hugh Coon,
(b) Address 6025 Walnut St., Kansas City, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-14-45 (Month) (Day) (Year)
(c) Place: burial or cremation Ft. Scott, Kansas,
18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 3-14-45 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14th year 1945 hour 12:03 minute P. M.

21. I hereby certify that I attended the deceased from March 1, 1945, to March 14, 1945 that I last saw him alive on March 13, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy

Due to Hypertension (vascular)

Due to General arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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

8 3 a

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 John M. Howard (M. D. or other) D.O.
Address 811 Chambers Bldg Date signed 3-14-45

(Licensed Embalmer's Statement on Reverse Side)

Dr. John Howard, in Chambers Bldg.,
in office till 6 p.m.

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 Robert H Reed

Licensed Embalmer No. 3745

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.