DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40042

FILED JAN 29 1946

Registration District No. 1002 Primary Registration District No. 1002

Registrar's No. 5449

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

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: St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether years, months or days)

In this community as above

2. USUAL RESIDENCE OF DECEASED:

(a) State: Kansas (b) County: 999

(c) City or town: Osawatomie 14
(If outside city or town limits, write "RURAL")

(d) Street No.: - 0
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country: x

3. (a) PRINT FULL NAME: Elvin Elwood Coffelt

3. (b) If veteran, name war: no.

3. (c) Social Security No. 702-16-5358

4. Sex: male

5. Color or race: white

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Mabel Coffelt

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

7. Birth date of deceased: June (Month) 15 (Day) 1907 (Year)

8. AGE: Years 38 ~~48~~ | Months 6 | Days 13 | If less than one day hr. min.

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

10. Usual occupation: Conductor

11. Industry or business: Missouri Pacific R. R.

FATHER
12. Name: Daniel Coffelt
13. Birthplace: Kansas
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Forrester
15. Birthplace: Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Mabel Coffelt,

(b) Address: Osawatomie, Kansas,

17. (a) removal (Burial, cremation, or removal) (b) Date thereof: 12-29-45 (Month) (Day) (Year)

(c) Place: burial or cremation: Osawatomie, Kansas,

18. (a) Signature of funeral director: Stine & McClure,

(b) Address: 3235 Gillham Plaza, K. C., Mo.

19. (a) 12-31-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 28 year 1945 hour 10:15 minute P. M.

21. I hereby certify that I attended the deceased from Dec. 20 1945, to Dec 28 1945, that I last saw him alive on December 28 1945, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Metastatic Sarcoma carcoma Brain	?
Due to: metastatic sarcoma carcoma axillary gland Nov 1939	
Due to: non-pigmented nevus skin - back. Oct. 1938 primary site	
Other conditions (Include pregnancy within 3 months of death): 53	

Major findings:
Of operations: See above - 1938 & 1939

Of autopsy: See - "Cause of death"

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: J. E. Carlin (M. D. or other)

Address: 1002 Argyle Bldg Date signed 12-29-45

(Licensed Embalmer's Statement on Reverse Side) R. G. Tus

Dr. Castles and Roberts

JAN 10 1946

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 S. J. Allen

Licensed Embalmer No. 1415

P. O. Address K.C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.