

FILED JAN 21 1946
Registration District No. 117

Primary Registration District No. 1002

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

100248

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 2 days
(Specify whether)

In this community unknown
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")

(d) Street No. 1325 Vine Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JAMES MACK COLEMAN

3. (b) If veteran, name war no

3. (c) Social Security No. 710

4. Sex Male 5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased January 9, 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>11</u>	<u>15</u>	hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER {

12. Name Mack Coleman

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

14. Maiden name Nancy

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

16. (a) Informant Medical Records Librarian

(b) Address General Hospital No. 2

17. (a) Burial (b) Date thereof 1-4-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland

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

(b) Address 2000 E. 12th St. K.C. Mo.

19. (a) 12-29-45 (b) Theraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24
year 1945 hour 10 minute 40 p. M.

21. I hereby certify that I attended the deceased from Dec. 22 1945 to Dec. 24 1945
that I last saw him alive on Dec. 24 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Congestive Failure

Due to Hypertensive Heart Disease with Decompensation

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 93-D

Of operations _____

Of autopsy _____

Duration _____

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? _____

While at work? _____ (Specify type of place)

(c) Means of injury D

23. Signature [Signature] (M, D, or other) M, D.

Address 600 E. 22nd St. Date signed 12/26/45

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.