S. No. 2
M—5-43
v. 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

20203

State File No.

FILED JUL 2 1946

Registration District No. 1002 Primary Registration District No. 1002 Registrar's No. 2663

**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: 820 Benton Blvd.. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution x (Specify whether
In this community all her life
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 812 Benton Boulevard 8
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 0

If yes, name country x

3. (a) PRINT FULL NAME Mrs. Mattie W. Coley

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

3. (c) Social Security No. no.

4. Sex female /

5. Color or race white

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

6. (b) Name of husband or wife Samuel L. Coley,

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

7. Birth date of deceased September (Month) 14 (Day) 1872 (Year)

8. AGE: Years 73 Months 9 Days 3 If less than one day hr. min. 0

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

10. Usual occupation at home

11. Industry or business x

FATHER
12. Name Jerome B. Wood 0
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Denathe Mayes
15. Birthplace Kentucky / (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ralph Baldwin,
(b) Address 4500 Mill Creek, Kansas City, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-19-46 (Month) (Day) (Year)
(c) Place: burial or cremation Lawrence, Kansas.

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 6-17-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 17
year 1946 hour minute A. M.

21. I hereby certify that I attended the deceased from May, 1936 to June 17, 1946
that I last saw her alive on June 12th, 1946
and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Myocardial failure | 1 mo |
| Chronic myocarditis | |
| Due to Arteriosclerosis | 5 yrs |
| Glomerular nephritis | 3 yrs |
| Due to Respiratory infection (Bronchial pneumonia) | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations 131 b

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 0

23. Signature Allen L. Hearst (M. D. or other)
Address 1100 Ivy. Bldg Date signed 6-17-46

(Licensed Embalmer's Statement on Reverse Side)

Dr. Allen R. Hearst Copy Body

## 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 K.C. 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.**