

S. No. 2
1-12-45
7. 5-17-39
I X47070

DEPARTMENT OF COMMERCE
BUREAU OF REGISTRATION
FILED JAN 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1031
Registrar's No. 60

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town K.C.
(c) Name of hospital or institution: 1521 Harrison
(d) Length of stay: In hospital or institution. 30 years
In this community 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Jackson
(c) City or town K.C.
(d) Street No. 1521 Harrison
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME ELLA J. Couch
(b) If veteran, name war. no
(c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 1 day 9 - 1947 hour 7 P.M. minute M.

4. Sex Female
5. Color or race NEGR
6. (a) Single, widowed, married, divorced, widowed
(b) Name of husband or wife Dont know
(c) Age of husband or wife if alive
7. Birth date of deceased. Dont know

21. I hereby certify that I attended the deceased from 2 Deputy to Coroner
that I last saw alive on 19 and that death occurred on the date and hour stated above.
Immediate cause of death: Cardiac Failure

8. AGE: Years About 95 Months Days If less than one day

Due to: Hypertensive Heart Disease
Due to: Old Age

9. Birthplace Atlanta, Georgia
10. Usual occupation Wash woman

Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations: 93 D
Of autopsy: No Permit

MOTHER FATHER
11. Industry or business
12. Name Dent. Know
13. Birthplace
14. Maiden name Dent. Know
15. Birthplace

22. If death was due to external causes, fill in the following:
(c) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant Joe Thompson
(b) Address 1521 Harrison
17. (a) Burial (b) Date thereof 1-7-1947
(c) Place: burial or cremation LINCOLN CEM.
18. (a) Signature of funeral director Brady-Brown
(b) Address 1708 1/2 Macy
19. (a) 1-7-47 (b) Registrar's signature

23. Signature H. Williams (M.D. or other)
Address 5636 North High Date signed 1-7-47

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

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.....

Licensed Embalmer No. 1271

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.