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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8989

State File No.

FILED MAR 21 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 976

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:
General Hosp. #1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 days
(Specify whether
In this community 30 years
years, months or days)

3. (a) PRINT FULL NAME Maud E. Cotherman

3. (b) If veteran, name war None

3. (c) Social Security No. 494-12-9445

4. Sex Female

5. Color or race White

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 June 1 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>8</u>	<u>28</u>	<u>27</u> hr. min.

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

10. Usual occupation Resturant Worker

11. Industry or business

12. Name Edward Elwell

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

14. Maiden name Clara L. Woodward

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

16. (a) Informant Mrs. Wanda Walker

(b) Address 1201 Washington

17. (a) Burial (b) Date thereof 3-6-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wanel Hill R.C.K.

18. (a) Signature of funeral director Weilert Funeral Home

(b) Address Kansas City, Missouri

19. (a) 3-4-47 (b) W. H. Holmes
(Date received local registrar) (Registrar's signature)

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. 1201 Washington 80
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28th
year 1947 hour 1:10 PM minute M.

21. I hereby certify that I attended the deceased from 7 19 to 19;

that I last saw h. alive on and that death occurred on the date and h. stated above 19;

Immediate cause of death Deputy Coroner duration

Broncho pneumonia

Due to Fracture of S. Femur

Due to Injury by fall

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1st 2nd

Of autopsy History Inspection

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 Accident 123

(b) Date of occurrence 3/6/47

(c) Where did injury occur? Kansas City, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work No (Specify type of place) (c) Means of injury Trauma

23. Signature A. E. Upsher (M. D.) 3/6/47

Address 2800 Main Date 3/6/47

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.....

Blaine E. Weibert

Licensed Embalmer No.....

4095
R.E. Mc

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.