S. No. 2
DM—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 1 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8990

Registration District No. 149 Primary Registration District No. 1001 Registrar's No. 1207

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town K.C. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Conley Maternity Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days 4 3/4 hrs (Specify whether

In this community 2 days 4 3/4 hrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48

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

(d) Street No. 3519 Brighton 8 (If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Infant Ronald Melvin Coultis

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 3 (Month), 13 (Day), 1947 (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	2	4 hr. 45 min.

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

10. Usual occupation Infant

11. Industry or business NONE

FATHER
12. Name William Melvin Coultis
13. Birthplace Richland (City, town, or county) Kans. (State or foreign country)

MOTHER
14. Maiden name Ruth Ellen Pearsall
15. Birthplace Topeka (City, town, or county) Kans. (State or foreign country)

16. (a) Informant Mrs. Ruth Coultis

(b) Address 3519 Brighton, K.C. Mo.

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

(c) Place: burial or cremation Conley Hosp.

18. (a) Signature of funeral director Conley Hosp.

(b) Address K-C- Mo.

19. (a) 3-17-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th year 1947 hour 10 minute 10 p.M.

21. I hereby certify that I attended the deceased from March 13, 1947 to March 15, 1947 that I last saw him alive on March 15, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Premoturity	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 159	

Major findings:
Of operations

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

23. Signature [signature] M.D. or other

Address 4202 E 2 Ave Date signed 3/17/47

(Licensed Embalmer's Statement on Reverse Side)

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.....

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.