

3. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 26 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17358
State File No.
Registrar's No. 2118

Registration District No. 189 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution St. Lukes Hosp
(d) Length of stay: In hospital or institution 1 week
In this community all life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 4600 Mill Creek Blvd
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Emily B. Cole
(b) If veteran, name war No
(c) Social Security No No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 15 year 1947 hour 11 minute 20 P.M.

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife E. Ewing Cole
6. (c) Age of husband or wife if alive 022 years
7. Birth date of deceased Jan. 27 1884

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

8. AGE: Years 63 Months 3 Days 18 If less than one day

Immediate cause of death Right Coronary occlusion
Due to Atherosclerosis

9. Birthplace: Missouri
10. Usual occupation At Home

Other conditions (Include pregnancy within 3 months of death) 940
Major findings: Of operations
Of autopsy same

MOTHER FATHER

11. Industry or business
12. Name Jacob Brazen
13. Birthplace Germany
14. Maiden name Martina Hedrick
15. Birthplace N. O. La.

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Randolph Bishop
(b) Address Saphian Plaza K.C.
17. (a) Burial (b) Date thereof 5/16/47
(c) Place: burial or cremation Calvary Cem.
18. (a) Signature of funeral director STINE-McCLURE
(b) Address Kansas City Mo.
19. (a) 5-15-47 (b) Gerbedine Holmes

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (Means of injury)
23. Signature O. J. Holmes (M. D. or other)
Address St. Lukes Hospital Date signed 13 May 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 *J. Blair Shippard*.....

Licensed Embalmer No. *4179*.....

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.