No. 2
--1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

24131

State File No.

FILED AUG 7 1947

Registration District No. 1949

Primary Registration District No. 1002

Registrar's No. 3141

WRITE PLAINLY—USING 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: 4328 BELLEFONTAINE AVENUE (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ---- (Specify whether
In this community 27 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY (If outside city or town limits, write "RURAL")
(d) Street No. 4328 BELLEFONTAINE AVENUE (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ----

3. (a) PRINT FULL NAME MRS. NANNIE SUSAN COONS
3. (b) If veteran, name war No
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MR. HARVEY COONS
6. (c) Age of husband or wife if alive ---- years
7. Birth date of deceased MARCH (Month) 18 (Day) 1857 (Year)

8. AGE: Years 90 Months 4 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace PIKE COUNTY (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation AT HOME
11. Industry or business ----
FATHER
12. Name RICHARD PICKERING FOX
13. Birthplace (City, town, or county) KENTUCKY (State or foreign country)
MOTHER
14. Maiden name SUSAN JONES
15. Birthplace PIKE COUNTY (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant MR WILLIAM H. FOX
(b) Address 4328 BELLEFONTAINE AVENUE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 26 1947 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ FOREST HILL CEMETERY
18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 - BRUSH CREEK BLVD
19. (a) 7-26-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 24TH year 1947 hour 12 minute 35 P. M.

21. I hereby certify that I attended the deceased from July 11, 1947, to July 24, 1947; that I last saw her alive on July 24, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Peripheral Vasomotor Collapse and Ventricular Fibrillation	8 hrs
Due to Hypertensive Heart Disease	?
Due to Arteriosclerosis, Generalized	?
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93D	
Of autopsy	

PHYSICIAN
Underline the cause of 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 Richard L. Lehner (M. D. or other) M.D.
Address 4301 Main Kansas City, Mo. Date signed 7-24-

Jefferson City Printing Co.

(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 Melvin Miller

Licensed Embalmer No. 4407

P. O. Address K. C. 3 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.