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

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8639

Registration District No. 149 | Primary Registration District No. 1002 | Registrar's No. 1105

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: 2835 Benton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 32 years

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.: 2835 Benton Blvd 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Anna Coleman
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: Married
6. (b) Name of husband or wife: Arthur Coleman
6. (c) Age of husband or wife if alive: 72 years
7. Birth date of deceased: June (Month) 4 (Day) 1869 (Year)

8. AGE: Years 78 | Months 9 | Days 4 | If less than one day ..... hr. ..... min.

9. Birthplace: Washington Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: housewife
11. Industry or business:
MOTHER FATHER
12. Name: John McClain
13. Birthplace: Ky. (City, town, or county) (State or foreign country)
14. Maiden name: Yount
15. Birthplace: Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: A. Coleman
(b) Address: 2835 Benton Blvd. KC. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-11-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Benton Mo.
18. (a) Signature of funeral director: B. K. George & Son
(b) Address: Benton Mo.
19. (a) 3-11-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8 year 1948 hour 6 minute 45 A.M.
21. I hereby certify that I attended the deceased from ....., 19.42 to March 8, 1948 that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Spleen	14 Mo.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 59	
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: 2
23. Signature: C. W. Reese (M.D. or other) MD
Address: 3309 E 12 Date signed: 3-8-48

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 A. K. George

Licensed Embalmer No. 3645

P. O. Address Grandview, 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.