

Registration District No. 149

Primary Registration District No. 1002

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:
812 Benton Sheat 4 conv. Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In-hospital or institution 1 Year
(Specify whether
In this community 48 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 812 Benton 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME COFFEY, JESSIE GRACE

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife James Marion Coffey 6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased 11 23 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 7 23 hr. min.

9. Birthplace Grundy Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Maxamillion Peterie
13. Birthplace Unk. 9
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Zink
15. Birthplace Unk. 4
(City, town, or county) (State or foreign country)

16. (a) Informant Chester M. Coffey
(b) Address 605 S. Huttig

17. (a) Burial (b) Date thereof 7/19/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director John P. Shell

(b) Address K. C. Mo.

19. (a) 7-19-48 Steadline Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 16
year 48 hour 5 minute 30 P.M.
21. I hereby certify that I attended the deceased from May 9 1948
to July 18 1948
that I last saw her alive on July 15 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral malacia due to cerebral occlusion 14 yrs
Due to with paralysis left side years
arterial sclerosis
Due to Hypostatic pneumonia 2 days

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 83b PHYSICIAN
Of autopsy 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?

While at work? (Specify type of place) (e) Means of injury
23. Signature J. H. O. McHale M.D. (D. or other)
Address 4620 Euclid Ave Date signed 7-17-48

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 _____

John P. Sheil

Licensed Embalmer No. 3625

P. O. Address J. C. Me.

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.