No. 300
—10-47
5-17-39
P I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 4 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 26310

Registrar's No. 3459

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~~: RESEARCH HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 12 DAYS (Specify whether)

In this community: 47 YEARS (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: JACKSON

(c) City or town: KANSAS CITY, Rural (If outside city or town limits, write "RURAL")

(d) Street No.: 812 GLENWOOD AVENUE (If rural, give location)

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

If yes, name country: —

3. (a) PRINT FULL NAME: MRS. IRENE C GARVIN

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~~: MR. OTHA H. GARVIN

6. (c) Age of husband or wife if alive: 56 years

7. Birth date of deceased: AUGUST (Month) 7 (Day) 1887 (Year)

8. AGE: Years: 61 Months: 0 Days: 10 If less than one day: hr. — min. —

9. Birthplace: ORLEANS (City, town, or county) NEBRASKA (State or foreign country)

10. Usual occupation: HOUSEWIFE

11. Industry or business: AT HOME

MOTHER FATHER

12. Name: JOSEPH M. COULTER

13. Birthplace: PRINCETON (City, town, or county) ILLINOIS (State or foreign country)

14. Maiden name: ARDELIA YERNSHAW

15. Birthplace: PRINCETON (City, town, or county) ILLINOIS (State or foreign country)

16. (a) Informant: MR. OTHA H. GARVIN

(b) Address: 812 GLENWOOD AVENUE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: AUGUST 24, 1948 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~: MT. WASHINGTON CEMETARY

18. (a) Signature of funeral director: Chas. Burcomb's Sons

(b) Address: 1401 Grand Ave., Kansas City, Mo.

19. (a) 8-24-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 22nd year 1948 hour 6 minute 05 A.M.

21. I hereby certify that I attended the deceased from 8-8, 1948, to 8-22, 1948, that I last saw h~~er~~ alive on 8-21, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia - Postoperative	6 days
Due to: Anuria - Sulfadiazine	4 days
Due to: Operated for Carcinoma of rectum	
Other conditions (Include pregnancy within 3 months of death): 46 D	

Major findings: Of operations: Carcinoma of rectum

Of autopsy: Acute emphysema

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: Walter Cummins (M. D. or other) MD

Address: 1612 Pro Bldg Date signed: 8/24/48

(Licensed Embalmer's Statement on Reverse Side)

2.

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 Jess T. Davis

Licensed Embalmer No. 445-3

P. O. Address Kansas City

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.