

No. 300  
-10-47  
5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED NOV 6 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 32838  
Registrar's No. 4261

Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: 2106 E. 16 St  
(d) Length of stay: In hospital or institution Home  
In this community 2 years

3. (a) PRINT FULL NAME Minnie Coleman  
(b) If veteran, name war no  
(c) Social Security No. NONE

4. Sex Female  
5. Color or race Col.  
6. (a) Single, widowed, married, divorced Single  
(b) Name of husband or wife NONE  
7. Birth date of deceased April 9 1875

8. AGE: Years 73 Months 6 Days 7  
If less than one day hr. min.

9. Birthplace Booneville Cooper Co

10. Usual occupation Housemaid

11. Industry or business  
12. Name Charlie Coleman  
13. Birthplace Dontknow Dontknow  
14. Maiden name Dontknow Dontknow  
15. Birthplace Dontknow Dontknow

16. (a) Informant Herchel Givins  
(b) Address 2106 E. 16 St

17. (a) Burial (b) Date thereof Oct. 20-1948  
(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director  
(b) Address 1205 1/2 mile at

19. (a) 10-20-48 (b) Registrar's signature

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 2106 E. 16th St  
(e) Citizen of foreign country? No

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month October day 16th year 1948 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from Oct 16 1948 to Oct 16 1948  
that I last saw her alive on Oct 16 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death: Plant Wound

Due to mo.

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations 93  
Of autopsy

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?

23. Signature: John Walden  
Address: 17 1/2 St  
Date signed

MOTHER FATHER

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

Dr. Jordan

**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.....

Napoleon Jordan, Registered Apprentice No. 267,  
working under my personal supervision.

Signed [Signature]

Licensed Embalmer No. 2710

P. O. Address K. O. 270

**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.**