

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40635
5454

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give township) Kansas City | | c. CITY (If outside corporate limits, write RURAL and give township) Kansas City | |
| c. LENGTH OF STAY (In this place) 37 yrs. | | d. STREET ADDRESS (If rural, give location) 2317 Troost | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2 | | | |

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|--|--|-------------|--|-----------|--|
| 3. NAME OF DECEASED (Type or Print) James Coleman | | | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 20, 1950 | | |
| a. (First) | | b. (Middle) | | c. (Last) | |

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|--|--|----------------------------------|--|--|--|---|--|---|--|--------------------------------|--|---|--|
| 5. SEX Male | | 6. COLOR OR RACE Negro | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Feb. 4, 1907 | | 9. AGE (In years last birthday) 43 | | IF UNDER 1 YEAR Months Days | | IF UNDER 24 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Interior Decorator | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | | | 11. BIRTHPLACE (State or foreign country) Chester, Illinois | | | | 12. CITIZEN OF WHAT COUNTRY? US | |

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|---|--|--|--|--|--|
| 13a. FATHER'S NAME Walter Coleman | | 13b. MOTHER'S MAIDEN NAME Mary Abernathy | | 14. NAME OF HUSBAND OR WIFE Allene Coleman | |
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|---|--|--------------------------------------|--|--|--|------------------------------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. No | | 17. INFORMANT'S SIGNATURE OR NAME Walter Coleman | | ADDRESS 2225 Tracy | |
|---|--|--------------------------------------|--|--|--|------------------------------|--|

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Acute Cardiac Dilatation | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Chronic Coronary Arteriosclerosis & Hypertension | | | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | Edema of Lungs & Nephritis | | | | | | 594X | |

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|------------------------|--|----------------------------------|--|--|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
|------------------------|--|----------------------------------|--|--|--|--|--|---|--|

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|--|--|--|--|---|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
|--|--|--|--|---|--|

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|--|--|--|--|--|--|----------------------------|--|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | 21f. HOW DID INJURY OCCUR? | | |
|--|--|--|--|--|--|----------------------------|--|--|

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

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|---|--|------------------------------------|--|-------------------------------------|--|
| 23a. SIGNATURE Thos. A. Jones | | 23b. ADDRESS 1612 E 17th | | 23c. DATE SIGNED 12/26/50 | |
|---|--|------------------------------------|--|-------------------------------------|--|

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|---|--|------------------------------|--|--|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE 12/27/50 | | 24c. NAME OF CEMETERY OR CREMATORY Highland Cemetery | | 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri | |
|---|--|------------------------------|--|--|--|---|--|

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| DATE REC'D BY LOCAL REG. 12-27-50 | | REGISTRAR'S SIGNATURE Geraldine Holmes | | 25. FUNERAL DIRECTOR'S SIGNATURE William R. ... | | ADDRESS 1729 Lydia | |
|---|--|--|--|---|--|------------------------------|--|

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed *J. Jerome Manlove* :

Signed.....
Student Embalmer

Licensed Embalmer No. *3992*

P. O. Address *2503 Highland*

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.