V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 12 1940

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 9524

Registrar's No. 958

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

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: 3727 Wayne Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ----- (Specify whether In this community 52 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City (If outside city or town limits write "RURAL")

(d) Street No. 3727 Wayne (If rural, give location)

(e) If foreign born, how long in U. S. A.? ----- years.

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3. (a) PRINT FULL NAME Mrs. Mary Catherine Coble

3. (b) If veteran, name war Np

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. Joseph W. Coble

6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased November (Month) 22 (Day) 1860 (Year)

8. AGE: Years 79 Months 3 Days 6 If less than one day ___ hr. ___ min.

9. Birthplace Bucyrus (City, town, or county) Ohio (State or foreign country)

10. Usual occupation None Housewife

11. Industry or business At Home

FATHER
12. Name Henry Emes
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Hannah Mohr
15. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Earl C. Coble
(b) Address Cleveland, Ohio

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof March 4, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation D. W. Newcomer's Sons

18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) Mch 1, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 29 year 1940 hour 5 minute 20 A.M.

21. I hereby certify that I attended the deceased from Feb 22, 1940, to Feb 29, 1940; that I last saw her alive on Feb 29, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 1 day

Due to Hypertension about 10 yrs

Due to Endocarditis & myocarditis (chronic) 30 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

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 Clyde Switzer (M. D. ~~or other~~)
Address 636 Argyle Kansas City, Mo. Date signed 2-29-1940

(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 Kenneth Page Sipe

Licensed Embalmer No. 4128

P. O. Address 1209 Brush Creek K.C. 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, above space should be left blank.