

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20733

State File No. _____

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2350

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: 2
3205 Main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 39 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 limit, write "RURAL")
(d) Street No. 3205 Main
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME WILLIAM F. COAKLEY 240

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Laura O. Coakley 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased March 31, 1866
(Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 7 If less than one day
hr. _____ min. _____

9. Birthplace Monticello, Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Plumber 5

11. Industry or business _____

12. Name Frank Coakley 5

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Johanna Sullivan

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Laura O. Coakley

(b) Address 3205 Main

17. (a) Burial (b) Date thereof 6/10/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Quirk & Talen Co.

(b) Address Kansas City, Mo.

19. (a) June 9, 1940 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7 - 1940
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from June 6, 1940, to June 7, 1940;
that I last saw him alive on June 7 - 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Duration several months

Due to 131

Due to _____

Other conditions Chronic Myocarditis
(Includes 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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature M. M. Crowe (M. D. or other)

Address 510 Poplar St. KCMO Date signed June 8, 1940

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

MOTHER FATHER

J10 Proof
How tall 4
W.G. Hook

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 Harold Pen

Licensed Embalmer No. 4097

P. O. Address K. O. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.