. No. 2
-11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37825

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 4423

FILED DEC 11 1940

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: Kansas City General Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days) In this community 14 Yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

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

(d) Street No.: 2312 East 14 St. (If rural, give location)

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

3. (a) PRINT FULL NAME: HOWARD COFFMAN

8. (b) If veteran, name war: None

3. (c) Social Security No. 495-03-1159

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Eva Coffman

6. (c) Age of husband or wife if alive: 55 years

7. Birth date of deceased: August 19 1887 (Month) (Day) (Year)

8. AGE: Years 53 | Months 3 | Days 0 | If less than one day ____ hr. ____ min.

9. Birthplace: Laredo Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation: Sandblaster 0

11. Industry or business: Butler Mfg. Co. 1

MOTHER FATHER

12. Name: Lewis Coffman

13. Birthplace: ____ (City, town, or county) Missouri (State or foreign country)

14. Maiden name: Ellen Dudley

15. Birthplace: ____ (City, town, or county) Indiana (State or foreign country)

16. (a) Informant: Mrs Eva Coffman

(b) Address: 2312 East 14 St.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Nov. 20 1940 (Month) (Day) (Year)

(c) Place: burial or cremation: Laredo Missouri

18. (a) Signature of funeral director: Mrs C.L.Forster

(b) Address: 918 Brooklyn Kansas City Mo.

19. (a) 11-20-40 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ____ day 11-19-40 year ____ hour ____ minute ____ A.M. P.M.

21. I hereby certify that I attended the deceased from ____, 19____ to ____, 19____; that I last saw him alive on ____, 19____; and death occurred on the date and hour stated above.

Immediate cause of death: Gunshot wound of Chest — Duration

Due to: ____

Due to: ____

Other conditions (Include pregnancy within 3 months of death): 167

Major findings: Of operations: ____

Of autopsy: yes

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): Suicide

(b) Date of occurrence: 11-19-40

(c) Where did injury occur? K.C. (City or town) Mo (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: K

23. Signature: [illegible] (M. D. or other)

Address: ____ Date signed: ____

(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 Me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed E. H. Wise

Licensed Embalmer No. 2520

P. O. Address 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.