V. S. No. 2
0M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 25 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9534

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1501

048
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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: 1821 Highland, Apt. 15
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 22 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 1821 Highland
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Maggie Coleman
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Fe 3
5. Color or race Col
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Sam Coleman
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased January (Month) 16 (Day) 1900 (Year)
8. AGE: Years 42 Months 2 Days 26 If less than one day hr. min.
9. Birthplace Dallas (City, town, or county) Texas (State or foreign country)
10. Usual occupation Maid
11. Industry or business
MOTHER FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Unknown (State or foreign country)
14. Maiden name Mary
15. Birthplace (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Mildred Mascoll
(b) Address 1821 Highland,
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/16/42 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery
18. (a) Signature of funeral director Tatkins Bros.
(b) Address 1729 Lydia
19. (a) 4-16-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12 year 1942 hour 9 minute 40 A.M.
21. I hereby certify that I attended the deceased from 11— 11 — 1941 to April 12 1942 that I last saw her alive on April 12 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Toxemia	
Due to Pulmonary Tu-	11/11/41
Due to berculosis.	?
Other conditions (Include pregnancy within 3 months of death) 13B1	
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 Tom Mitchman (M. D. or other) M.D.
Address 618 Lydia Date signed 4/14/42

(Licensed Embalmer's Statement on Reverse Side)

#P

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 Isaac J. Marlowe

Licensed Embalmer No. 3994

P. O. Address 2523 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.