

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 3 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2440

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:
3737 Wayne Avenue
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution:
(Specify whether full years, months or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson **48**
 (c) City or town Kansas City **3**
(If outside city or town limits, write "RURAL")
 (d) Street No. 3737 Wayne Avenue **8**
(If rural, give location)
 (e) Citizen of foreign country? (Yes or No) **1**
 If yes, name country:

3. (a) PRINT FULL NAME Mrs. La Pearl Coergen
 3. (b) If veteran, name war: None
 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 Jake N. Coergen 6. (c) Age of husband or wife if alive 57 years
 7. Birth date of deceased October 10 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>8</u>	<u>14</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Philander Carpenter

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

14. Maiden name Jeanina Howard

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

16. (a) Informant J. H. Coergen

(b) Address 3737 Wayne

17. (a) Burial (b) Date thereof June 27, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director D. H. Quisenberry

(b) Address 1401 Brush Creek Blvd.

19. (a) 6-25-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
 year 1942 hour 11 minute 50 P. M.

21. I hereby certify that I attended the deceased from 1939
 19... to June 24/42
 that I last saw her alive on June 24/42, 19...
 and that death occurred on the date and hour stated above.

Immediate cause of death Adeno Carcinoma Rectum

Due to Chronic Intestinal Obstruction **2412**

Due to Multiple Carcinomas **12403**

Other conditions Metastases

Major findings:
 Of operations 4/5 D
 Of autopsy

Duration
 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?

23. Signature John N. Ogilvie (M.D. or other) **742**
 Address 730 Prop Bldg Date signed June 20/42

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

MOTHER FATHER

361

(Licensed Embalmer's Statement on Reverse Side)

Mr. John C. Gilmore
Prof. Kelly
11-2-30 PM

Emile M. Calhoun

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 *Emile M. Calhoun*

Licensed Embalmer No. *3506*

P. O. Address *KC Mo 1*

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.