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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 7 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

36152

State File No. 4249

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
602 Westport Road /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution -------- (Specify whether
In this community 70 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3

(c) City or town Kansas City Missouri 8
(If outside city or town limits, write "RURAL")

(d) Street No. 602 Westport Road
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Miss Bertha COFFEY.

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 Single 0

6. (b) Name of husband or wife None

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

7. Birth date of deceased Janurary (Month) 15 (Day) 1872 (Year)

8. AGE: Years 70 Months 9 Days 29 If less than one day ..... hr. ..... min.

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

10. Usual occupation None

11. Industry or business At Home

FATHER
12. Name Michael Coffey
13. Birthplace Unknown (City, town, or county) Ireland (State or foreign country) 4

MOTHER
14. Maiden name Catherine Gilchrist
15. Birthplace Unknown (City, town, or county) Ireland (State or foreign country) 4

16. (a) Informant Grace McTernan
(b) Address 2331 East 48th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-16-42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Mellody-McGilley
(b) Address Kansas City Missouri

19. (a) 11-15-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 14
year 1942 hour 12 noon minute M.

21. I hereby certify that I attended the deceased from 10-31-, 1942 to 11-14, 1942
that I last saw her alive on 10 30 AM 11-14, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis — Duration

Due to Hypertension 93E'

Due to Deformative Arthritis —

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

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) no
(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 M O Hill (M. D. or other)
Address 734 Ripple Date signed 11-14-42

(Licensed Embalmer's Statement on Reverse Side)

V' 8107

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.....

Licensed Embalmer No. 2999

P. O. Address..... KC

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.