

FILED JAN 11 1943

State File No.

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 4961

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:
Sexton Hotel 3 17 West 12th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
(Specify whether

In this community 20 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 limits, write "RURAL.")

(d) Street 5213 East 28th Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Mrs. Delania Elizabeth Coppers

3. (b) If veteran, name war Delania 3. (c) Social Security No. 487-10-4182

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 31st
year 1942 hour 9 minute 00 A. M.

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

6. (b) Name of husband or wife if Audrey L. Coppers 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased July 28 1905
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1942 to 1942 at 5213 East 28th Street and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

37 5 3 hr. min.

Immediate cause of death: Suicide - trauma due to fall from building
Due to Syphilis Poisoning
Due to 164 E

9. Birthplace Green Forest Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Waitress

11. Industry or business Muehlebach Hotel

12. Name James Pennington

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

14. Maiden name Unknown Eversole

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

16. (a) Informant Mr. Audrey L. Coppers

(b) Address 5213 East 28th Street

17. (a) Burial (b) Date thereof Jan. 2, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director J. H. Newcomer

(b) Address 1401 Brush Creek Blvd

19. (a) 13 Dec 42 (b) M. M. Brown
(Date received local registration) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy See Above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Acc

(b) Date of occurrence Dec. 31, 1942

(c) Where did injury occur Kansas City Jackson Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, or farm, or industrial place, in public place? Public Place

While at work? (Specify type of place) (9) Means of injury

23. Signature W. E. Hooper M.D. (M. D. or other)

Address 23rd Me Coy Date 12/31/42

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

MOTHER FATHER

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. 2560

P. O. Address R. C. Snow

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.