

STANDARD CERTIFICATE OF DEATH

State File No. 1018

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 31

1. PLACE OF DEATH

(a) County Jackson

(b) City or town Kansas city

(c) Name of hospital or institution: Lakeside Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day Specify whether

In this community 1 Day
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 499

(a) State Kansas (b) County Johnson 14

(c) City or town Shawnee 3
(If outside city or town limits, write "RURAL")

(d) Street No. 7437 W 58th
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Miss Ida Coffeen

3. (b) If veteran, name war no

3. (c) Social Security No. unknown

4. Sex Female 5. Color or race wh

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb 19 1888
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>10</u>	<u>14</u>hr.min.

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

10. Usual occupation Bookkeeper

11. Industry or business

MOTHER FATHER

12. Name Thomas Coffeen

13. Birthplace St. Joseph Mo
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Cornes

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

16. (a) Informant Ed Coffeen

(b) Address Mound City Kansas

17. (a) Removal (b) Date thereof 1-5-1949
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasanton Kans.

18. (a) Signature of funeral director Walter N. Hoge

(b) Address Ovenden Park, Kansas

19. (a) 1-5-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3
year 1943 hour 1:10 minute P M.

21. I hereby certify that I attended the deceased from Jan 2 to Jan 3 1943
that I last saw her or alive on Jan 3 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of liver
Stomach + Aden
Germans. Probably on
distal end of

Due to 46

Due to

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

Major findings: Carcinoma of stomach
Liver and spleen

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?

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

23. Signature E. Hoge (M. D. or other) do
Address Morrison Kans. Date signed 1-3-43

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

8040
3

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 J. S. Walton

Licensed Embalmer No. 2744

P. O. Address R. 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, fact should be so stated above.