

FILED JAN 30 1943

Registration District No. 199

Primary Registration District No. 1002

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

1. PLACE OF DEATH: **Jackson**

(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: **1201 Colorado**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 months** (Specify whether years, months or days)

In this community **2 months** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mrs. Kate Coe Wilson**

3. (b) If veteran, name war **no**

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 **John W. Wilson**

6. (c) Age of husband or wife if alive **78** years

7. Birth date of deceased **July 20, 1867**
(Month) (Day) (Year)

8. AGE: Years **75** Months **5** Days **26** If less than one day .hr. .min.

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

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **Josiah Coe**

{ 13. Birthplace **Don't Know** (City, town, or county) (State or foreign country)

{ 14. Maiden name **Jessie Kinnis**

{ 15. Birthplace **Scotland** (City, town, or county) (State or foreign country)

16. (a) Informant **John W. Wilson**

(b) Address **1201 Colorado**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **1-16-43** (Month) (Day) (Year)

(c) Place: burial or cremation **Topeka, Kansas**

18. (a) Signature of funeral director **Freeman Mortuary**

(b) Address **Kansas City, Missouri**

19. (a) **1-16-43** (Date received local registrar) (b) **M. M. Crowe** (Registrar's signature)

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 No. **1201 Colorado** (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **1** day **16** year **43** hour **3:00** minute **AM** M.

21. I hereby certify that I attended the deceased from **Come** (Signature), 19 **43**;

that I last saw him **alive** on **1-16-43** and that death occurred on the date and hour stated above.

Immediate cause of death **Circumference of 11 inches Peritonal Pneumothorax** (Signature)

Due to **1-16-43**

Due to

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

Major findings: Of operations

Of autopsy **Inspection & history** (Signature)

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) (e) Means of injury

23. Signature **M. M. Crowe** (Signature) 3 **1/16/43** (Date)
Address **1201 Colorado** Date signed

4/16/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Clarence W. Chiles

Licensed Embalmer No.....

3473

P. O. Address.....

76 e 360

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.