S. No. 2
DM—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16867

LED JUN 7 1943

Registration District No. 149 | Primary Registration District No. 1002 | Registrar's No. 2352

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: 4448 Paseo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 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.: 4448 Paseo 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country: ____

3. (a) PRINT FULL NAME: Eva Coleman

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Fe 1

5. Color or race: Wh

6. (a) Single, widowed, married, divorced: Widowed 2

6. (b) Name of husband or wife: Abraham

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

7. Birth date of deceased: June (Month) 24 (Day) 1886 (Year)

8. AGE: Years 56 | Months 10 | Days 28 | If less than one day ____ hr. ____ min.

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

10. Usual occupation: Housewife

11. Industry or business: ____

FATHER
12. Name: Morris Snider
13. Birthplace: Russia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Ethel
15. Birthplace: Russia (City, town, or county) (State or foreign country)

16. (a) Informant: Morris Coleman
(b) Address: K.C. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-24-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Sheffield Cem

18. (a) Signature of funeral director: J. P. Louis
(b) Address: K.C. Mo

19. (a) 5-23-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22nd year 1943 hour 3-46 minute A. M.

21. I hereby certify that I attended the deceased from 1941, 19__, to May 22, 1943, that I last saw her alive on May 16, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac failure	
Due to: Chronic myocarditis	
Due to: Hypertension & arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death): GB	

Major findings:
Of operations: ____
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? ____ (Specify type of place)
While at work? ____ (e) Means of injury: ____

23. Signature: [illegible] (M. D. or other) MD
Address: 62[illegible] Bell Date signed 5-23-43

(Licensed Embalmer's Statement on Reverse Side)

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. 3110

P. O. Address K. 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.