S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 3 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40889

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5281

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:
735 Kensington /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 15 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL") 0

(d) Street No. 735 Kensington
(If rural, give location)

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

3. (a) PRINT FULL NAME EVA OSHIE COFFMAN

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Fe.

5. Color or race Wh. /

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Homemaker

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

7. Birth date of deceased July 17, 1885 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
58	4	26	hr. min.

9. Birthplace Grundy Co. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business None

FATHER
12. Name Daniel J. Inglemen
13. Birthplace (City, town, or county) Pa. / (State or foreign country)

MOTHER
14. Maiden name Mary Ann White
15. Birthplace (City, town, or county) Pa. / (State or foreign country)

16. (a) Informant Virgil Coffman
(b) Address 735 Kensington

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/16/43 (Month) (Day) (Year)
(c) Place: burial or cremation Laredo, Mo.

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.
(b) Address Kansas City, Mo.

19. (a) 12-14-43 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 13 day Dec.
year 1943 hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from Nov 4 1943, 19..., to Dec 13, 1943
that I last saw her alive on Nov 24, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the breast, with metastases. 50

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Duration 2 yr I

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 0

23. Signature W. Hoodson Jr. MD (M. D. or other)
Address 730 Professional Bg. Kansas City, Mo. Date signed 12/14/43

(Licensed Embalmer's Statement on Reverse Side)

Dr. Wm Goodson
Professional Bldg.

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 [illegible]

Licensed Embalmer No. 2244

P. O. Address.....

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.