

S. No. 2  
 OM-5-43  
 v. 5-17-39  
 I X36671

State File No. \_\_\_\_\_

FILED FEB 18 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 537

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

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:  
K. General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 20 days  
(Specify whether  
 In this community 40 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 No. 1317 E. 33 St.  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Thomas Coughlin  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. none

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month February day 1  
 year 1944 hour 12 minute 30 P.M.

4. Sex Ma 5. Color or race Wh  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Mary Coughlin  
 6. (c) Age of husband or wife if alive XX years  
 7. Birth date of deceased October 25 1868  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January 12 1944 to February 1 1944;  
 that I last saw him alive on February 1 1944;  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>3</u>	<u>6</u>	.....hr. min.

Immediate cause of death Fibroid tuberculosis  
Bronchopneumonia

9. Birthplace Warrensburg Mo.  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

10. Usual occupation Salesman  
 11. Industry or business Brvan-Sweeney Coal Co.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_

12. Name John Coughlin  
 13. Birthplace Ireland  
(City, town, or county) (State or foreign country)  
 14. Maiden name Mary Coughlin  
 15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

Of autopsy See above  
 \_\_\_\_\_  
 \_\_\_\_\_

16. (a) Informant John Coughlin  
 (b) Address 3021 Flora

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_

17. (a) Removal (b) Date thereof 2-4-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Perry, Kansas

(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?  
 \_\_\_\_\_

18. (a) Signature of funeral director J. H. Wagner  
 (b) Address Kansas City, Mo.

While at work \_\_\_\_\_  
(Specify type of place) (Means of injury)  
 23. Signature A. E. Clapper (M. D. or other) M.D.  
 Address Med. Dir. Gen'l Hosp. Date signed 2-2-44

19. (a) 2-2-44 (b) J. E. Brown  
(Date received local registrar) (Registrar's signature)

SEP 13 1957

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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..... *Cecil R Matthes* .....

..... Licensed Embalmer No. *3807* .....

P. O. Address..... *Kansas City, Misso* .....

**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.**