

FILED APR 15 1944

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 1475

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:
3604 Baltimore
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no.
(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. 3604 Baltimore,
(If rural, give location)
(e) Citizen of foreign country? X (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Arthur Mitchell Coulter,

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ernestine Coulter 6. (c) Age of husband or wife if alive No. years

7. Birth date of deceased August 23 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 7 9 hr. min.

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

10. Usual occupation Shoe Salesman

11. Industry or business X

MOTHER FATHER
12. Name William M. Coulter
13. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)
14. Maiden name Lydia Cox,
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ernestine Coulter,
(b) Address 3604 Baltimore, Kansas City, Mo.

17. (a) Entombment (b) Date thereof April 3-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 4-3-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2
year 1944 hour 7:45 minute P. M.

21. I hereby certify that I attended the deceased from Sawhin area
Feb 17, 1944 to Apr. 2, 1944
that I last saw him alive on Feb. 17, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decomposition
Duration

Due to _____

Due to _____

Other conditions Hypertension with
(Include pregnancy within 3 months of death) of coronaries

Major findings:
Of operations _____
Of autopsy no 95C2
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)
(e) Means of injury _____

23. Signature Dr. Myers (M.D. or other)
Address _____ Date signed _____

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

Dr. B. L. Myers *Stanton's P.*

*M.P. This is in a way
dead yesterday when
I arrived but his
body was still
warm. Believed
and he died about
5 minutes before I
arrived.
I had seen a man
him but once
before. (2-17-44).
R.H. Myers*

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 *Dixon L. Kepley*
Licensed Embalmer No. *04225*
P. O. Address *Kansas City 3 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.