

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1924

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 6038 Paseo 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 13 yrs  
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. 6038 Paseo  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Laura V. Cokerly

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2  
year 1944 hour 10 minute 20 a.m.

21. I hereby certify that I attended the deceased from July 1942  
\_\_\_\_\_ 19\_\_\_\_ to March 10 1944

that I last saw her alive on March 10 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Sudden abdominal hemorrhage from

Due to Cancer of left ovary

Due to operated 20 yrs ago

Other conditions Tumor started a foot  
(Include pregnancy within 3 months of death)  
deed in abd. men

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 4412

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

8. AGE: Years 43 Months 3 Days 10 hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Wm J. Brown

13. Birthplace Kansas  
(City, town, or county) (State or foreign country)

14. Maiden name Cornelia F. Douglas

15. Birthplace N. Carolina  
(City, town, or county) (State or foreign country)

16. (a) Informant Owen H. Cokerly

(b) Address 6038 Paseo

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

(c) Place: burial or cremation Oskaloosa Kans

18. (a) Signature of funeral director Wm. C.R. Foster

(b) Address 918 Brooklyn

19. (a) 5-3-44 (b) N. E. Brown  
(Date received local registrar) (Registrar's 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?  
\_\_\_\_\_ (Specify type of place)

While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature Leindag S. Huff (M. D. or other)

Address 1720 Jefferson Ave Date signed May 2/44

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

MOTHER FATHER  
Cokerly  
Brown

*Proves fact*

**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 *Wm K Jackson*

Licensed Embalmer No. *3954*

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.**

STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Mo  
County of Jackson (SS)

State File No. 13600  
Local Registrar's No. 19221

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 24th day of Dec, 1944, before me appears Owen Coberly, who, upon his oath, states that the original record of ~~birth~~ death for Laura V Coberly died 5-2, 1944, in the State of Missouri, and which was filed at JCO on 5-3, 1944, should be corrected as follows:

Item No. 3A should read Laura V Coberly

Instead of Laura "

Item No. 6C should read 40

Instead of 41

Item No. 12 should read Wm T Burnham

Instead of " Burnham

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief

(SEAL) Affiant: Owen H. Coberly Husband  
Relationship.

4501 Harrison  
Present Address.

Subscribed and sworn to before me this 9th day of Dec, 1944

My Commission expires Oct-20-1947 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

