

FILED JUN 3 1944

Registration District No. 197

Primary Registration District No. 1002

Registrar's No. 2326

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:
309 Garfield 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 55 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 414 No. Orange
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME SARAH JANE COITHELL

3. (b) If veteran, name war no 3. (c) Social Security No. none

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

6. (b) Name of husband or wife unk 6. (c) Age of husband or wife if alive 14 years (Day) (Year)

7. Birth date of deceased April 14 1842 (Month) (Day) (Year)

8. AGE: Years 102 Months 1 Days 14 If less than one day hr. min.

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

10. Usual occupation none

11. Industry or business

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Mrs E C. Harris (b) Address 312 No. Pleasant

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 1 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cem

18. (a) Signature of funeral director Geo. C. Carson

(b) Address Independence

19. (a) 5-31-44 (Date received local registrar) (b) T. E. Brown (13) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1944 hour 5:30 minute 8 M.

21. I hereby certify that I attended the deceased from May 1 1944 to May 27 1944
that I last saw her alive on May 25 1944
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction
Farline

Due to Arteriosclerosis yes

Due to Senility yes

Other conditions (include pregnancy within 3 months of death) 97

Major findings: Of operations _____
Of autopsy _____

Duration of illness 1 year
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) (c) Means of injury _____

23. Signature John G. Hiney (M.D. or other) do
Address 210 1/2 Independence Date signed _____

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

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 Floyd C. Carson
Licensed Embalmer No. H199
P. O. Address Independence

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.