

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3144

1. PLACE OF DEATH: Jackson
 (a) County Kansas City
 (b) City or town Kansas City
 (c) Name of hospital or institution: Research Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution ABT 5 hours
 In this community 7 weeks 0
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Texas (b) County 999
 (c) City or town Waco 41
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. 1002 North 17th
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 2

3. (a) PRINT MRS. GRACE COFFIELD
 FULL NAME

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

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William A. Coffield 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased March 21 1890
 (Month) (Day) (Year)

8. AGE: Years 54 Months 4 Days 10 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name Jacob E. Longmoor

13. Birthplace Covington Ky.

14. Maiden name Elizabeth Holson Joyner

15. Birthplace Norfolk Va.
 (City, town, or county) (State or foreign country)

16. (a) Informant J. Erie Longmoor

(b) Address 1015 Valentine Road

17. (a) Removal (b) Date thereof 8-2-1944
 (Burial, cremation, or removal) (Month) (Day) (Year)
Waco, Texas

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

19. (a) 8-1-44 (b) T. E. Brown
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 31
 year 1944 hour 6 minute 10 P. M.

21. I hereby certify that I attended the deceased from July 31 to July 31 10:45
 that I last saw him alive on July 31 7:45
 and that death occurred on the date and in the state above.

Immediate cause of death Congestive heart failure
Terminal Stearitis

Due to Terminal Stearitis and
Pneumonia - lobar

Due to Terminal Stearitis

Other conditions Terminal Stearitis
 (Include pregnancy within 3 months of death)

Major findings: Of operations 108
 Of autopsy Terminal Stearitis + Endo-
carditis - pneumonia

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) (M. D. or other)

23. Signature J. V. Bell (M. D. or other)
 Address 1132 Professional Bldg Date signed Aug 1, 44

Duration 74 hrs
 Underline the cause to which death should be charged statistically.

PHYSICIAN

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

to 38

to new

2105
V1 - 4238
Proof by

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 Alvin R. Hamschick
Licensed Embalmer No. 4159
P. O. Address Kansas City

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.