

FILED OCT 9 1944
199

Registration District No. _____

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution 3 months in
In this community 3 mo. hospital
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Platte 83
(c) City or town Platte City, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. none
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME Ina Marie Coffey
3. (b) If veteran, name war no
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September day 24th
year 1944 hour 1 A.M. minute _____ M.
21. I hereby certify that I attended the deceased from Oct. 23-1942
to Sept. 24, 1944
that I last saw her alive on Sept 23, 1944
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white
6. (a) single *divorced* *widowed* *married*
6. (b) Name of husband or wife Ward Coffey-husband 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased March 12 1896
(Month) (Day) (Year)

Immediate cause of death
Generalized Abdominal Carcinomatosis - metastatic 6 mo.
Due to Papillary Cystadenoma of ovary
Due to (undignous)

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>	<u>6</u>	<u>12</u>	hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business housewife

12. Name Charles Jacks

13. Birthplace Platte County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Lee Hugh Mc Coron

15. Birthplace Platte County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ward Coffey

(b) Address Platte City, Missouri

17. (a) removal (b) Date thereof 9-24-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Platte City Missouri

18. (a) Signature of funeral director Rollin G. Mitchell Mortuary

(b) Address Platte City, Missouri

19. (a) 9-26-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 49a
Of autopsy _____

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? _____

(Specify type of place) (e) Means of injury _____

23. Signature E. Castle (M. D. _____)

Address 1002 Maple Bay Date signed 9-26-44

No. 208

APR 22 1949

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.....

Francis W. Gedge....., Registered Apprentice No. *361*
working under my personal supervision.

Signed.....

Licensed Embalmer No. *3947*

P. O. Address *Edgerton, 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.