DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 3 1946

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36653A

Primary Registration District No. 1002

Registrar's No. 5433

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: Research Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether

In this community 3 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay

(c) City or town Liberty (If outside city or town limits, write "RURAL")

(d) Street No. 247 W. Kansas St. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mary B. Coates

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 John M Coates

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct (Month) 18 (Day) 1871 (Year)

8. AGE: Years 73 Months 0 Days 17 If less than one day hr. min.

9. Birthplace Clay Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Wade W Scott
13. Birthplace Platte Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Malinda Ann Lott
15. Birthplace Egerton (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Clarence W Coates

(b) Address 3201 Donnely St Kansas City Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11 - 5 - 44 (Month) (Day) (Year)

(c) Place: burial or cremation Liberty, Mo.

18. (a) Signature of funeral director O J Carder Jr

(b) Address 119 E Franklin St. Liberty, Mo.

19. (a) 12-31-44 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 5 year 1944 hour minute M.

21. I hereby certify that I attended the deceased from May, 1936 to Nov 5, 1944 that I last saw her alive on Nov 6, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	48 hr.
Due to Cardiovascular Renal Disease	Indefinite
Due to	
Other conditions (Include pregnancy within 3 months of death) Coronary Sclerosis	

Major findings:
Of operations
Of autopsy 131a

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)

While at work? (e) Means of injury

23. Signature Glenn W. Hendren (M. D. ~~or other~~)

Address Liberty, Mo Date signed 11/7/44

(Licensed Embalmer's Statement on Reverse Side)

JUN 4 1946

JUL 15 1946

JUL 26 1946

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 O. J. Carder Jr

Licensed Embalmer No. 3934

P. O. Address Liberty, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.