

FILED DEC 4 1944

4656

Registration District No. 199

Primary Registration District No. 1002

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:  
1012 Holman  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 30 years  
 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. 1012 Holman  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Marie Charlotte Coulbin

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 Married

6. (b) Name of husband or wife William Coulbin

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

7. Birth date of deceased January 20 1873  
 (Month) (Day) (Year)

8. AGE: Years 71 Months 9 Days 27  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

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

12. Name Wilkes  
 13. Birthplace Ohio  
 (City, town, or county) (State or foreign country)

14. Maiden name No Record  
 15. Birthplace Ohio  
 (City, town, or county) (State or foreign country)

16. (a) Informant William Coulbin

(b) Address 1012 Holman

17. (a) Burial (b) Date thereof 11/20/44  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation First Free Cemetery

18. (a) Signature of funeral director Ernie Meyer  
 (b) Address 2315

19. (a) 11-20-44 (b) N. E. Brown  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 17  
 year 44 hour 8 minute 20 P.M.

21. I hereby certify that I attended the deceased from Aug. 15  
1943, to Nov. 17, 1944;  
 that I last saw her alive on Nov. 12, 1944;  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Dilatation of Heart.  
 Due to myocarditis 2 yrs.  
 Due to Artery Heart & Venous Disease 6 yrs.

Other conditions: \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: 93  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration  
 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? \_\_\_\_\_

23. Signature J. Lewis J. Britton (M. D. or other) D.O.  
 Address 1116 Jackson Park Date signed 11/20/44

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

MOTHER FATHER

**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.....

Licensed Embalmer No. 2560

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.