

FILED DEC 22 1944

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 RANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5001 COLLEGE AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 25 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town RANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 5001 COLLEGE AVENUE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS. NANCY MARGARET COFFEY
3. (b) If veteran, name was NO
3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month DEC day 14 TH
year 1944 hour 1 minute 00 P.M.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, WIDOWED
6. (b) Name of husband or wife MR. DANIEL F. COFFEY 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MARCH 10 1856
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 14 1941 to Dec 14 1944
that I last saw him alive on Dec 14 1944 and that death occurred on the date and hour stated above.

8. AGE: Years 88 Months 9 Days 4 If less than one day
hr. min.

Immediate cause of death: ch. myocarditis
Due to 93 d
Due to _____

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

Other conditions: Gram-negative sepsis (Include pregnancy within 3 months of death)
PHYSICIAN _____

10. Usual occupation at home
11. Industry or business _____

MOTHER FATHER
12. Name GREEN HILL
13. Birthplace ILLINOIS (City, town or county) (State or foreign country)
14. Maiden name HANNA GARRISON
15. Birthplace ILL (City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Fola M. Coffey
(b) Address 5001 College
17. (a) Burial (b) Date thereof Dec 16 - 44 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

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? _____

18. (a) Signature of funeral director D. N. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 12-16-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Hubert Volant (M. D. or other) Address 1103 Grand Date signed 12/17/44

1124 Professional Body
11-12; 1-4

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 *H. C. Newcomer Jr*

Licensed Embalmer No. 4043

P. O. Address *H. C. Newcomer Jr*

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.