

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 17 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5422

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: A. & B. Bridge 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community dont know
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 49
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 800 N. Topping
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Harry H. Coover

3. (b) If veteran, name war World war one 3. (c) Social Security No. dont know

4. Sex M. 0 5. Color or race W. 6. (a) Single, widowed, married, divorced dont know

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

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
Aprox. 50 hr. min.

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

10. Usual occupation Unknown

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Jackson County Coroner

(b) Address Kansas City, Mo.

17. (a) Burial (b) Date thereof 1/10/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cemetery

18. (a) Signature of funeral director H. Tigerman & Sons

(b) Address Kansas City, Mo.

19. (a) 12-31-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 14
year 1944 hour 10:05 minute P M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
and that death occurred on the date and hour stated above.
C O R O N E R.

Immediate cause of death: accidental injury

Due to Fracture of both hips, both legs (Tibia & Fibula) & both femurs

Due to Fall from A.S.B. Bridge to Rail Road Tracks below.

Other conditions (Include pregnancy within 3 months of death) 186 39

Major findings: History of Injection

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 123

(b) Date of occurrence 12-13-44

(c) Where did injury occur? H. C. Jackson, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Bridge
(Specify type of place)

While at work? _____ (e) Means of injury Blow

23. Signature James Miller (M. D. or other) _____

Address 1424 poplar AVE Date signed 12-2-44

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.....

Francis Walton....., Registered Apprentice No. *2744*
working under my personal supervision.

Signed *J. H. Tegen*.....
Licensed Embalmer No. *2744*
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.