

S. No. 2  
M-2-43  
7-5-17-39  
F-1 X35097

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 6 1945

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1039

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 426

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

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: St. Luke's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County 999

(c) City or town Wellsville 14  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ D  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_ 2

3. (a) PRINT FULL NAME William Coughlin

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Edith Coughlin

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased July 15th 1869  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>6</u>	<u>12</u>	hr. _____ min. _____

9. Birthplace Miami County, Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Funeral director

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

12. Name Michael Coughlin

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

14. Maiden name Bridget Whalen

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

16. (a) Informant Donald E. Coughlin

(b) Address Wellsville, Kansas

17. (a) Burial (b) Date thereof 1-29-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wellsville, Kansas

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Mo.

19. (a) 57-45 (b) T. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 27th  
year 1945 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
As Pathologist 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Multiple acute myocardial infarct multiple anemic infarct to both kidneys

Due to \_\_\_\_\_

Due to Thrombosis of right coronary vein

Other conditions (Include pregnancy within 3 months of death) dysp

Major findings: Of operations \_\_\_\_\_

Of autopsy as above

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) L

(b) Date of occurrence L

(c) Where did injury occur? L  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? L

While at work? L (Specify type of place) (e) Means of injury L

23. Signature Monice Jones (M. D. \_\_\_\_\_)

Address Dr. Duke's office Date signed 1-27-45

FEB 26 1945

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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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.