

FILED FEB 6 1945
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 345

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:
121 N. HAWK AVENUE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 27 YEARS. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI. (b) County JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 121 N. HAWK AVENUE 8
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MISS PAULINE FRANCES KOOYSE

3. (b) If veteran, name war 180

3. (c) Social Security No. 495-03-52

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 19th year 1945 hour 9 minute PM M.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased: MAY 29 1892.
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>7</u>	<u>20</u>	_____ hr. _____ min.

Immediate cause of death: Coronary sclerosis

Due to Chronic nephritis

Due to Coronary cyst

9. Birthplace: KIDDER, MISSOURI
(City, town, or county) (State or foreign country)

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

Major findings: _____

Of operations: Hidradenoma

Of autopsy: see

10. Usual occupation: OFFICE EMPLOYEE

11. Industry or business: BTM INSURANCE CO.

12. Name: YVANCE W. KOOYSE

13. Birthplace: DEFIANCE OHIO
(City, town, or county) (State or foreign country)

14. Maiden name: HOWIE B. McWINDHAM

15. Birthplace: STEWARTSVILLE MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Buford King

(b) Address: Des Moines Iowa

17. (a) Burial (b) Date thereof: Jan 22 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: MEMORIAL PARK Cemetery

18. (a) Signature of funeral director: O. H. Newcomer

(b) Address: 1401 BRUSH CREEK BLVD.

19. (a) 1-22-45 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

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? _____

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

23. Signature: James Walker (M. D. or other) _____

Address: 1414 Poplar Alley Date signed: 1-20-45

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 *A. C. Newcomer Jr*

Licensed Embalmer No. 4043

P. O. Address A. 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.