V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 29 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32617

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4243

48
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8

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:
3308 - PASEO - 2ND FLOOR
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution --
(Specify whether
In this community 40 YEARS
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. 3308 - PASEO - 2ND FLOOR 8
(If rural, give location) 0

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country --

3. (a) PRINT FULL NAME MR CAREY BEASON COUCH

3. (b) If veteran, name war no

3. (c) Social Security No. 487-03-7944

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. MAE COUCH

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased JUNE (Month) - 15 (Day) - 1887 (Year)

8. AGE:

Years	Months	Days	If less than one day
58	4	0	hr. min.

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

10. Usual occupation RETIRED

11. Industry or business SALESMAN

FATHER
12. Name ARTHUR COUCH
13. Birthplace (City, town, or county) TENNESSEE (State or foreign country)

MOTHER
14. Maiden name EMALINE POLK
15. Birthplace (City, town, or county) TENNESSEE (State or foreign country)

16. (a) Informant MRS. MAE COUCH

(b) Address 3308 PASEO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT-17-1945 (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEM.

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 - BRUSH CREEK BLVD.

19. (a) 10-16-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 15TH year 1945 hour 8 minute 00 A. M.

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

Immediate cause of death CARCINOMA OF THE PANCREAS — Duration Years

Due to

Due to

Other conditions Cachexia (Include pregnancy within 3 months of death) 46 8 — Months

Major findings:
Of operations

Of autopsy Carcinomatosis

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D.)

Address K. C. Mo. Oct 15 Date signed 45

(Licensed Embalmer's Statement on Reverse Side)

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address KC 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.