

FILED FEB 7 1948 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 392

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:
Kansas City Convalescent Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 months
(Specify whether years, months or days) 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City mo
(If outside city or town limits, write "RURAL")
(d) Street No. 1010 East 12th Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME

William Cope

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M

5. Color or race W

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

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

7. Birth date of deceased May - 2 - 1873

(Month)

(Day)

(Year)

8. AGE:

Years 72

Months 8

Days 15

If less than one day
hr. _____ min. _____

9. Birthplace Ill

(City, town, or county)

(State or foreign country) I

10. Usual occupation Retired

11. Industry or business Unknown

MOTHER FATHER

12. Name Unknown

9

13. Birthplace Unknown

1

14. Maiden name Unknown

9

15. Birthplace Unknown

9

16. (a) Informant Kansas City Convalescent Home

(b) Address 3200 Norledge

17. (a) Anatomical (b) Date thereof 1-23-46
(Removal, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation H. C. College of Opt. Surg

18. (a) Signature of funeral director N. B. Raneyford

(b) Address Leis Summit mo

19. (a) 1-24-46 (b) Seraldine Holmes
(Date local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17
year 1946 hour 4:10 minute 8 M.
21. I hereby certify that I attended the deceased from 5-4-44
to 1-17-46
that I last saw him alive on 1-17-46
and that death occurred on the date and hour stated above.

Immediate cause of death
Due to Arteriosclerosis

Other conditions
(Include pregnancy within 3 months of death) 97

Major findings:
Of operations
Of autopsy
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?

While at work? _____ (Specify type of place)
(c) Means of injury 0

23. Signature Mawawan (M. D. or other)
Address B. B. Raneyford Date signed 1-17-46

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

899

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 Chas E Wilks

Licensed Embalmer No 2644

P. O. Address H.C. 2nd

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.