

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
 THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
 Registrar's No. 49

Registration District No. 1002 Primary Registration District No. 1002

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: General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 10 days  
(Specify whether years, months or days)  
 In this community 5 years

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 5816 E. 13 St.  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Opal Cothorn  
 3. (b) If veteran, name war no 3. (c) Social Security No. none

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Jan. day 4  
 year 1946 hour 2 minute 50 P.M.

4. Sex F 5. Color or race W  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Logan  
 6. (c) Age of husband or wife if alive UNK. yes years  
 7. Birth date of deceased Feb-3-1904  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 25 1945 to Jan. 4 1946  
 that I last saw her alive on Jan. 4 1946  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
41 11 1 hr. \_\_\_\_\_ min.

Immediate cause of death Myocardial infarction  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

9. Birthplace Mo  
(City, town, or county) (State or foreign country)  
 10. Usual occupation at home

Other conditions gyn  
(Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy See above

MOTHER FATHER {  
 11. Industry or business \_\_\_\_\_  
 12. Name Don Miller  
 13. Birthplace Mo  
(City, town, or county) (State or foreign country)  
 14. Maiden name Taylor  
 15. Birthplace Mo  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Husband  
 (b) Address 5816 E. 13th  
 17. (a) Burial (b) Date thereof 1-5-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Cross Timbers Cemetery  
 18. (a) Signature of funeral director Vaughan-River-Tul-Home  
 (b) Address Urban, Mo  
 19. (a) 1-5-46 (b) A. Shalpine Holmes  
(Date received local registrar) (Registrar's signature)

23. Signature Clark W. Seely (c) Mean of injury 0  
(Specify type of place) (D. or other)  
 Address Med. Dir. Gen'l Hosp. Date signed 1-4-46

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

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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.....

Allen W. Vaughan....., Registered Apprentice No.....  
working under my personal supervision.

Signed Allen W. Vaughan.....

Licensed Embalmer No. 4156.....

P. O. Address. Urbana, 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.**