

No. 2
-12-45
-17-39
X47070

FILED FEB 5 1947
Registration District No. 149

Primary Registration District No. 1002

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:
3715 MICHIGAN AVENUE 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 53 YEARS (years, months or days)

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. 3715 MICHIGAN AVENUE
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME MRS ADA VICTORIA COPE

3. (b) If veteran, name war NO

3. (c) Social Security No. none

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife MR. ELISHA COPE

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased NOVEMBER 5 1871
(Month) (Day) (Year)

8. AGE:

| | | | |
|-----------|----------|-----------|----------------------|
| Years | Months | Days | If less than one day |
| <u>75</u> | <u>2</u> | <u>12</u> | hr. _____ min. _____ |

9. Birthplace LOUISBURG KANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER } 12. Name RUBEN ROWLAND

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

14. Maiden name AMANDA TANNER

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

16. (a) Informant Elisha Cope

(b) Address 3715 Michigan

17. (a) BURIAL (b) Date thereof 1-21-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEMETERY

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

(b) Address 1401 BRUSH CREEK BLYD.

19. (a) 1-20-47 (b) Steadline Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 17TH
year 1947 hour 10 minute 00 P. M.

21. I hereby certify that I attended the deceased from May 1946 to Jan 17, 1947

that I last saw her alive on Jan 17 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 12 hrs.

Due to Myocardial Infarction

Due to _____

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

Major findings: _____

Of operations 94a

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) (e) Means of injury C

23. Signature William W. North (M. D. or other) MD

Address Professional Bldg Date signed 1/18/47

012
1-5
J. [unclear] [unclear]

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 Bernard L. Louin
Licensed Embalmer No. 4250
P. O. Address H. 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.