

No. 2
-12-45
-5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8980

State File No.

Registrar's No. 1562

Registration District No. 149

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:
3248 Victor
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 30 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. 3248 Victor 8
(If rural, give location) 0

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Lydia Amelia Coen

(b) If veteran, name war No

(c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3rd.
year 1947 hour 3 minute P. M.

4. Sex Female / 5. Color or race White

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

7. (b) Name of husband or wife William Coen 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased. 10 16 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9/17/46
to 4/3, 1947,
that I last saw her alive on April 2, 1947,
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

70 5 17 hr. 0 min. 0

Immediate cause of death Coronary Thrombosis 1 day

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

Due to Arteriosclerotic Heart Disease 3 years

Due to _____

10. Usual occupation Retired Bus & School Attendant

Other conditions (Include pregnancy within 3 months of death)

Major findings: 938

Of operations _____

Of autopsy _____

11. Industry or business R.J. Delano School

MOTHER FATHER

12. Name Henry Tebbenkamp

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

14. Maiden name Elizabeth Sleyman

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Erwin W. Meinsen

(b) Address 3409 Indiana

17. (a) Burial (b) Date thereof 4-5-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

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? _____

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address Kansas City, Missouri

While at work? _____ (Specify type of place)

Means of injury _____

19. (a) 4-5-47 Geraldine Holmes
(Date local registrar) (Registrar's signature)

23. Signature John M. Cowers (M. D. or other) MD

Address 3304 Linwood Date signed 4/1/47

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

Dr. J.M. Powers
3304 Linwood Blvd.
Wa. 9244

1-5 P.M.

Call before going

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 *C. H. Wise*

Licensed Embalmer No. *2570*

P. O. Address *K.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.