

FILED MAR 21 1947

Registration District No. 179

Primary Registration District No. 1002

Registrar's No. 1051

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:
8316 Wabash
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether
In this community 60 years
years, months or days)

3. (a) PRINT FULL NAME Mrs. Ollie B. Coppock

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Jesse L. Coppock 6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased December 28 1877
(Month) (Day) (Year)

8. AGE: Years 69 Months 2 Days 10 If less than one day 0 hr. min.

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

10. Usual occupation at home

11. Industry or business x

MOTHER FATHER { 12. Name George Jamison
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Lizzie Link
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Opal Sunler
(b) Address 8316 Wabash, Kansas City, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-10-47
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 3-8-47 (Date received by registrar) Sheraldine Holmes (Registrar's signature)

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. 8316 Wabash
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7
year 1947 hour 12:15 minute P. M.

21. I hereby certify that I attended the deceased from Mar 7 1947 to Mar 7 1947
that I last saw her alive on Mar 7 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 2 days

Due to.....

Due to.....

Other conditions Arterio-sclerosis
(include pregnancy within 3 months of death)

Major findings: Seizure 108
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 A

23. Signature Ada B. Rales (M. D. or other) MD
Address Martin City, Mo Date signed 3-8-47

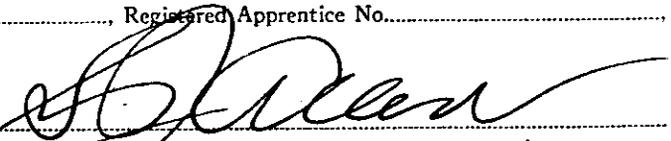
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Ada Rader, Martin City

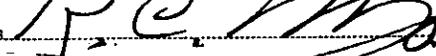
DW-3412

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, 

Licensed Embalmer No. 1415

P. O. Address 

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.