

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 29 1947

Registration District No. 149

Primary Registration District No. 1002

No. 2
8-43
17-39
X37823

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
411 Huntington Rd 1
(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 30 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson ⁴⁸

(c) City or town Kansas City, Mo ³
(If outside city or town limits, write "RURAL")

(d) Street No. 411 Huntington Rd ⁸
(If rural, give location) ⁰

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

If yes, name country _____

3. (a) PRINT FULL NAME Kate Ray Coutright

(b) If veteran, name war NO

(c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20
year 1947 hour 2 minute CA P. M.

21. I hereby certify that I attended the deceased from 9-15
_____, 1947 to 9-20, 1947

that I last saw her alive on 9-20, 1947
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color White 6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife John M Coutright 6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased: 10 2 1871
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Duration 5 days

8. AGE: Years 75 Months 11 Days 18 If less than one day
hr. _____ min. _____

Due to _____

Due to _____

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

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

Major findings: _____

Of operations _____

Of autopsy _____

10. Usual occupation Homemaker

11. Industry or Business _____

12. Name John Daniel

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

14. Maiden name Julia Hood

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

16. (a) Informant John M Coutright

(b) Address 411 Huntington Rd

17. (a) Removed (b) Date thereof 9/22/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lutheran M's

18. (a) Signature of funeral director Steve McClure

(b) Address Kansas City, Mo

19. (a) 9-20-47 (b) Deraldine Holmes
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature [Signature] (M. D. or other) _____

Address 25th + Troost Date signed 9-20-47
CITY

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.....

J. Clair Sheppard

Licensed Embalmer No. *411719*

P. O. Address *J. C. Mrs*

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.