No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 17 1948
Registration District No. 199

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 4774
Registrar's No. 471

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: 4238 TRACY AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ------ (Specify whether
In this community 49 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 4X
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 4238 TRACY AVENUE 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country ------

3. (a) PRINT FULL NAME FANNIE ELZIRA COLEMAN
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 WIDOWED
6. (b) Name of husband or wife MR. OLIVER P. COLEMAN
6. (c) Age of husband or wife if alive ------ years
7. Birth date of deceased DECEMBER 15 1870
(Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 15 If less than one day ___ hr. ___ min.

9. Birthplace PIKE COUNTY ILLINOIS
(City, town, or county) (State or foreign country)
10. Usual occupation ------
11. Industry or business AT HOME
FATHER
12. Name AUSTIN A. FOX
13. Birthplace HANCOCK CO. ILLINOIS
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name CORENA C. FOX
15. Birthplace HANCOCK CO ILLINOIS
(City, town, or county) (State or foreign country)
16. (a) Informant MR. ALBERT H. COLEMAN
(b) Address 4542 AGNES AVENUE
17. (a) BURIAL (b) Date thereof FEBRUARY 3 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation FOREST HILL CEMETERY
18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 2-3-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 30th
year 1948 hour 9 minute 25 P. M.
21. I hereby certify that I attended the deceased from July 5, 1947, to Jan 30, 1948
that I last saw her alive on Jan 30, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Mitral Insufficiency	
Due to Carcinoma of Intestine	6 mos
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 46 P	
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?
(Specify type of place)
While at work? (e) Means of injury 0
23. Signature Carl A. Jackson (M. D. or other)
Address 1103 [illegible] Date signed 1-30-48

(Licensed Embalmer's Statement on Reverse Side)

1103 East Armour Road.
11-2

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 D. J. Nofsinger

Licensed Embalmer No. 3938

P. O. Address Kansas City 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.