U. S. No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 24 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 12497

Registrar's No. 1485

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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~~: RESEARCH HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 9 WEEKS (Specify whether
In this community 50 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. 5037 WYANDOTTE STREET 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME FRANCES E. COE

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE 1

5. Color or race WHITE

6. (a) ~~Single~~, widowed, married, ~~divorced~~ MARRIED 1

6. (b) Name of husband or ~~wife~~ MR. GEORGE W. COE

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased APRIL (Month) - 21 (Day) - 1868 (Year)

8. AGE: Years 79 | Months 11 | Days 12 | If less than one day ___ hr. ___ min.

9. Birthplace (City, town, or county) CALIFORNIA (State or foreign country) 1

10. Usual occupation AT HOME

11. Industry or business HOUSEWIFE

FATHER
12. Name UNKNOWN BAKER
13. Birthplace UNKNOWN (City, town, or county) BELGIUM (State or foreign country) 4

MOTHER
14. Maiden name MARY UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) BELGIUM (State or foreign country) 4

16. (a) Informant George W. Coe

(b) Address 5037 Wyandotte

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APRIL (Month) 5 (Day) 1948 (Year)

(c) Place: burial or ~~cremation~~ GREENLAWN CEMETERY

18. (a) Signature of funeral director D.W. Newcomer's Sons

(b) Address 1401 Brush Creek blvd.

19. (a) 4-5-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month APRIL day 3RD year 1948 hour 4 minute 00 P. M.

21. I hereby certify that I attended the deceased from Feb 14, 1948 to April 3, 1948 that I last saw her alive on April 3, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma Bladder	1 Yr
Due to	
Due to 1860	
Other conditions Fractured Rt Hip (Include pregnancy within 3 months of death)	
Major findings: Of operations Fractured Rt. Hip	
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) accident

(b) Date of occurrence 2-17-48

(c) Where did injury occur? K-C. Jackson, mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home 123 (Specify type of place)

While at work? no (e) Means of injury fell from bld.

23. Signature Harold V. Zuber (M. D. ~~or other~~)

Address 600 Prof Bldg Date signed 4-5-48

(Licensed Embalmer's Statement on Reverse Side)

6th floor Research Hospital

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 Robert Ray

Licensed Embalmer No. 4182

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.