

FILED APR 17 1948
Registration District No. 449

Primary Registration District No. 1002

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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:
Little Sisters of the Poor
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 years
(Specify whether years, months or days)

In this community 50 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME John Coyne

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife Mary J. Coyne 6. (c) Age of husband or wife if alive XXX years

7. Birth date of deceased Dec. 10 1863
(Month) (Day) (Year)

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

84 3 21 XX hr. XX min.

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

10. Usual occupation Contractor

11. Industry or business Self

MOTHER FATHER

12. Name John Coyne

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

14. Maiden name Helen Mc Carty

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

16. (a) Informant Margaret Grace

(b) Address 520 W. 12th St. Kansas City

17. (a) Burial (b) Date thereof 4/3/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cem. Kansas

18. (a) Signature of funeral director Morton Smith's F.H.

(b) Address North Kansas City Mo.

19. (a) 4-3-48 (b) Heraldine Holmes
(Date received local registrar) (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. 5331 Highland
(If rural, give location)

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

If yes, name country XXXX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1 year 1948 hour 5 minute 0 A. M.

21. I hereby certify that I attended the deceased from Feb 7 1948 to April 1 1948

that I last saw him alive on 2-31-48 and that death occurred on the date and hour stated above.

Immediate cause of death acute cardiac failure Duration 3 days

Due to Carcinoma of Bowel large arterio-sclerosis 1 year

Due to arterio-sclerosis year

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations me 4/2/48

Of autopsy me

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? City

(Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature John J. Schuman (M. D. or other) MD

Address 1102 Laurel Ave Date signed 4-3-48

J. E. M. O.

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

Charles H. Fleming, Registered Apprentice No. *447*
working under my personal supervision.

Signed *Peron Smith*

Licensed Embalmer No. *3928*

P. O. Address *North 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.