

Registration District No. **149**

Primary Registration District No. **1002**

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
KC GENERAL HOSPITAL No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **55 MINUTES**
(Specify whether
In this community **17 YEARS**
years, months or days)

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. **4236 ELMWOOD AVENUE**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **CLAUDE RONALD COLEMAN**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **498-30-6652**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **MAY** day **12TH**
year **1948** hour **12** minute **20 P. M.**
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex **MALE** 5. Color of race **WHITE**
6. (a) Single, widowed, married, divorced, **SINGLE**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **SEPTEMBER 12 1930**
(Month) (Day) (Year)

Immediate cause of death **Shock**
Skull Fracture
Due to **Auto Trauma**
Due to **(Fall from truck)**

8. AGE: Years **17** Months **8** Days **0** If less than one day hr. _____ min. _____

Other conditions (include pregnancy within 3 months of death)
Major findings: **Deputy Coroner**
Of operations
Of autopsy **History & Inspection**

9. Birthplace **KANSAS CITY MISSOURI**
(City, town, or county) (State or foreign county)
10. Usual occupation **ELECTRICIAN'S HELPER**

11. Industry or business **KANSAS CITY TERMINAL RAILWAY**
12. Name **CLAUDE E. COLEMAN**
13. Birthplace **LEEDS MISSOURI**
(City, town, or county) (State or foreign county)
14. Maiden name **ONA MAE LARGE**
15. Birthplace **JACKSONVILLE MISSOURI**
(City, town, or county) (State or foreign county)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Accident**
(b) Date of occurrence **5/12/48**
(c) Where did injury occur? **Kansas City Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? **No** (Specify type of place) Means of injury **Trauma**

16. (a) Informant **CLAUDE E. COLEMAN**
(b) Address **3220 EAST LINWOOD BLVD.**
17. (a) **BURIAL** (b) Date thereof **MAY-15-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **FOREST HILL CEMETERY**

18. (a) Signature of funeral director **D. W. Plummer's Sons**
(b) Address **1401 BRUSH CREEK BLVD.**
19. (c) **5-15-48** (Registrar's signature) **Geraldine Holmes**
(Data received local registrar) (Registrar's signature)

23. Signature **D. E. Upsher** (M. D.)
Address **2800 Main** Date **5/14/48**

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

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

47
3
6

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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K. C. 4 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.