

Registration District No. 149

Primary Registration District No. 1002

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:
3001 GARFIELD 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 24 YEARS
years, months or days

3. (a) PRINT FULL NAME LUCY JANE COE
(b) If veteran, name war NO
(c) Social Security No. NONE

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
(b) Name of husband or wife MR. DAVID M. COE
(c) Age of husband or wife if alive 84 years
7. Birth date of deceased: FEBRUARY - 11 - 1866
(Month) (Day) (Year)

8. AGE: Years 92 Months 3 Days 22
If less than one day hr. min.

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

10. Usual occupation HOUSE WIFE

11. Industry or business AT HOME

MOTHER FATHER
12. Name CONRAD N. KELLER
13. Birthplace GALIPOLIS OHIO
(City, town, or county) (State or foreign country)
14. Maiden name MARILDA HOLMES
15. Birthplace GALIPOLIS OHIO
(City, town, or county) (State or foreign country)

16. (a) Informant ELLAZ SMITH
(b) Address 3002 GARFIELD AVENUE

17. (a) BURIAL (b) Date thereof JUNE 7 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HEMPLE, MISSOURI

18. (a) Signature of funeral director D. W. Newman, Sr.

(b) Address 1401 Brush Creek Road

19. (a) 6-5-48 (b) Thaldine Holmes
(Date received local registrar) (Registrar's signature)

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") 8
(d) Street No. 3000 GARFIELD AVENUE 9
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 3RD
year 1948 hour 10 minute 40 P.M.

21. I hereby certify that I attended the deceased from Jan 1 - 48
19 to June 3 - 1948
that I last saw her alive on Jan 3 - 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Hemorrhage
Due to Anterior scleritis -

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

Major findings:
Of operations 830

Of autopsy: NO
History & Inspection

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 James P. Walker (M. D. or other)
Address 1474 Prof Alley Date signed 6-4-48

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

1484 Professional Bldg

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 John E. Fralick
Licensed Embalmer No. 4483
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.