

FILED AUG 26 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

262078
State File No. _____
Registrar's No. 3250

Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH: Jackson
(a) County: Jackson
(b) City or town: Kansas City
(c) Name of hospital or institution: 601 West Meyer
(d) Length of stay: In hospital or institution 35 years

2. USUAL RESIDENCE OF DECEASED: Jackson 48
(a) State: MISSOURI (b) County: Jackson
(c) City or town: Kansas City 3
(d) Street No.: 601 West Meyer 8
(e) Citizen of foreign country? NO. (Yes or No) 0
If yes, name country: X

3. (a) PRINT FULL NAME: Major B. Coleman
(b) If veteran, name war: no.
(c) Social Security No.: no.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 9
year 1948 hour 8:00 minute A. M.

4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Mrs. Adele H. Coleman
6. (c) Age of husband or wife if alive: unknown years
7. Birth date of deceased: May 17 1863

21. I hereby certify that I attended the deceased from Nov. 5 1945 to Aug. 9 1948
that I last saw him alive on June 7 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 85 Months 2 Days 22 If less than one day hr. min.

Immediate cause of death: Scurvy
Due to: arteriosclerosis - 2 yrs
Due to: 6 yrs

9. Birthplace: Missouri (City, town, or county) (State or foreign country)

Other conditions: 97
(Include pregnancy within 3 months of death)

10. Usual occupation: Retired

11. Industry or business: X

MOTHER FATHER { 12. Name: James S. Coleman
13. Birthplace: Missouri
14. Maiden name: Margaret Cockrell
15. Birthplace: Missouri

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

16. (a) Informant: Mrs. Adele H. Coleman
(b) Address: 601 W. Meyer, Kansas City, Mo.

17. (a) removal (b) Date thereof: 8-12-48
(c) Place: burial or cremation: Springfield, Missouri

18. (a) Signature of funeral director: Stine & McClure
(b) Address: 3235 Gillham Plaza, K. C., Mo.

19. (a) 8-10-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature: [Signature] (M. D. or other) DO.
Address: 285 V. B. [Signature] Date signed: 9/9/48

Dr. C. Myron Pyle, Va 4885

Wed 6 pm

225 Wemy Bldg

3rd main

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 H Reed

Licensed Embalmer No.

3745

P. O. Address

K. E. 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.