

FILED DEC 4 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

4742

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:  
6042 WALNUT /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 55 YEARS  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO. (b) County JACKSON **48**  
(c) City or town KANSAS CITY **3**  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3604 BALTIMORE **8**  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No) **0**  
If yes, name country NO

3. (a) PRINT FULL NAME MRS. ERNESTINE COULTER  
3. (b) If veteran, name war X  
3. (c) Social Security No. X

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month NOV. day 19  
year 1948 hour 3 minute 000 A. M.

4. Sex F / 5. Color or race W  
6. (a) Single, widowed, married, divorced WIDOWED  
6. (b) Name of husband or wife ARTHUR A COULTER  
6. (c) Age of husband or wife if alive DEE. years  
7. Birth date of deceased SEPT. 5 1882  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1948, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

8. AGE: Years 66 Months 26 Days 14 If less than one day  
hr. \_\_\_\_\_ min. 0

Immediate cause of death Coronary sclerosis  
Due to arteriosclerosis

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

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 734

10. Usual occupation HOME

Major findings:  
1. Of operations \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name O.F. SMITH

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

14. Maiden name MARTHA FRANCES

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

16. (a) Informant MR. ARTHUR ZEIGLER HI. 2387

(b) Address 6042 WALNUT (SON-IN-LAW)

17. (a) BURIAL (b) Date thereof 11-20-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL STINE & McCLURE

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address 3235 GILLHAM PLAZA K.C., MO.

19. (a) 11-20-48 (b) Heraldine 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? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
James C. Walker (Specify type of place)  
While at work? (e) Means of injury \_\_\_\_\_

23. Signature Paul Walker (M. D. or other) \_\_\_\_\_  
Address 1424 24th St Date signed 11-18-48

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

MOTHER, FATHER

**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 *B. J. Allen*.....

Licensed Embalmer No. *1415*.....

P. O. Address *14 C 272 A*.....

**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.**