

FILED JAN 15 1949  
 Registration District No. 799

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:  
522 W. 39th. Terrace  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)  
 In this community 18 years

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")  
 (d) Street No. 522 W. 39th. Terrace 8  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Louisa Ellen Coffin  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. None  
 4. Sex Female  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Benjamin R. Coffin  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased March 23rd, 1874  
(Month) (Day) (Year)

8. AGE:  
 Years 74 Months 9 Days 7  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Leavenworth Co. Kansas  
(City, town, or county) (State or foreign country)  
 10. Usual occupation At Home

11. Industry or business \_\_\_\_\_  
 12. Name Thomas E. A. Daniels  
 13. Birthplace Richmond Virginia  
(City, town, or county) (State or foreign country)  
 14. Maiden name Catherine Esther Schwartz  
 15. Birthplace Don't Know 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Helen E. Coffin  
 (b) Address 522 W. 39th. Terrace  
 17. (a) Removal (b) Date thereof 1-3-49  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Leavenworth, Kansas

18. (a) Signature of funeral director Freeman Mortuary  
 (b) Address Kansas City, Missouri  
 19. (a) 12-31-48 (b) Steraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Dec day 30  
 year 1948 hour 5 minute P M.  
 21. I hereby certify that I attended the deceased from Feb 16 to 12-30, 1948,  
 that I last saw him alive on Dec 29, 1948,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia Duration 3 days  
 Due to Arteriosclerotic heart disease 15yr.  
 Due to \_\_\_\_\_  
 Other conditions Atrophic Atherosclerosis 15yr.  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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?  
 While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury Frank B. Leitz  
 Signature Frank B. Leitz (M. D. or other) 1948  
 Address 1520 Prof. Bldg., K.C. Mo. Date signed 1-3-49

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

MOTHER, FATHER

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**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 Elmer C. Nevelin

- - Licensed Embalmer No. 3495

P. O. Address N. C. 270.

**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.**