S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40068

FILED DEC 29 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5138

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: GENERAL HOSPITAL # 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7das, 5hrs, 55 mins (Specify whether
In this community 26 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 2107 East Front
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MARION COLEMAN

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex FEMALE

5. Color or race NEGRO

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife JOSEPH R. COLEMAN

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased AUGUST (Month) 25th, 1922 (Day) (Year)

8. AGE: Years 26 Months 3 Days ~~21~~ 20 If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name LEROY JOHNSON
13. Birthplace Quincy (City, town, or county) ILLINOIS (State or foreign country)

MOTHER
14. Maiden name HAZEL JOHNSON
15. Birthplace Temple (City, town, or county) TEXAS (State or foreign country)

16. (a) Informant Husband: Joseph R. Coleman
(b) Address 2107 East Front Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/20/48 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Watkins Bros.
(b) Address 1729 Lydia Ave

19. (a) 12-18-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 15th year 1948 hour 9:30 minute P. M.

21. I hereby certify that I attended the deceased from DECEMBER 8th, 1948 to DECEMBER 15th, 1948; that I last saw her alive on DECEMBER 14th, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death DISSEMINATED POLY-ARTHRITIS NODOSA WITH INFARCTION OF KIDNEYS, SPLEEN, LIVER, HEART, AND BRAIN

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 94a

Of autopsy SAME AS ABOVE

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature E. Frank Ellis (M. D. or other)

Address 600 East 22nd St. Date signed 12/16/48

(Licensed Embalmer's Statement on Reverse Side)

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 Bruce Riley

Licensed Embalmer No. 4500

P. O. Address 2506 Benton Blvd.

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.