

Registration District No. 149

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: Research Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days (Specify whether
In this community 6 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Montgomery
(c) City or town Coffeyville, Ks.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Emery G. Coyle

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Regina L. Coyle 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased 5 14 1889
(Month) (Day) (Year)

8. AGE: Years 59 Months 6 Days 27 If less than one day hr. _____ min. _____

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

10. Usual occupation Physician

11. Industry or business _____

MOTHER FATHER { 12. Name Lawrence L. Coyle
13. Birthplace Penn. (City, town, or county) (State or foreign country)
14. Maiden name Katherine Goldin
15. Birthplace Penn. (City, town, or county) (State or foreign country)

16. (a) Informant L. W. Coyle Son

(b) Address Sunflower, Ks.

17. (a) Removal (b) Date thereof 12-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coffeyville, Ks.

18. (a) Signature of funeral director STINE & McCLURE

(b) Address 3235 Gillham Plaza K.C. MO.

19. (a) 12-14-48 (b) Sheldene Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 11 year 1948 hour 12 minute 15 A. M.

21. I hereby certify that I attended the deceased from 12-4-48 to 12-11-48; that I last saw him alive on 12-10-48; and that death occurred on the date and hour stated above.

Immediate cause of death Left cerebral thrombosis, 2 days
Due to arterial sclerosis
hypertension

Other conditions (Include pregnancy within 3 months of death) 1175

Major findings: Pericardial effusion
large perforating benign gastric ulcer
Of autopsy NO

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 _____

23. Signature [Signature] (M. D. or other)
Address 15 [Address] Date signed 12/11/48

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

Mr. Claude Henrich
Prof.
Mon. 2 - till 5

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. Rudy

Licensed Embalmer No. 3745

P. O. Address K. C. 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.