

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

**11047**  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Jasper Registration District No. 409  
 (b) Township \_\_\_\_\_ Primary Registration District No. 3020 Registered No. \_\_\_\_\_  
 (c) City Carthage (d) Street No. 515 N. Case \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George Coble 140  
 (a) Residence, No. 515 N. Case St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertha Stepp Coble

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 23, 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
55      5      22

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Quarryman  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene County Missouri

FATHER  
 13. NAME Jacob Coble  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER  
 15. MAIDEN NAME Mary Ward  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Bertha Coble  
 (ADDRESS) Carthage, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn Cemetery DATE March 18, 1938

19. FUNERAL DIRECTOR Ulmer Funeral Home  
 (ADDRESS) Carthage, Mo.

20. FILED Mar 17, 1938 W. M. Howard, M.D.  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.  
 I last saw him alive on Wed. 15, 1938 Death is said to have occurred on the date stated above, at 11:30 a.m. 3/15/38  
 The principal cause of death and related causes of importance were as follows:  
gun shot - head  
46 Cal. B. W. Revolver  
accidental  
 Date of onset \_\_\_\_\_

Other contributory causes of importance: 184

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide accident Date of injury 3/15/38  
 Where did injury occur Carthage, Mo.  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
home 515 North Case  
 Manner of injury gun shot wound  
 Nature of injury bullet thru head

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) A. W. Hinchey, Coroner, M. D.  
 (Address) Carthage, Mo.

I X12004

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 (Address) Carthage, Mo.

**STATEMENT BY LICENSED EMBALMER**

I, Edw. Edw. Edw., Licensed Embalmer No. 2272

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Edw. Edw. Edw.  
Licensed Embalmer No. 2272

**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.)**