

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

28598
Do not use this space.

DECEASED SEP 12 1939

85

828

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 1001
 (b) Township St. Joseph Primary Registration District No. Missouri Methodist Hospital St.
 (c) City St. Joseph (d) Street No. Missouri Methodist Hospital 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 15 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Lee Coffman

(a) Residence, No. Lawson, Missouri St. Lawson, Missouri
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2, 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 2 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School Teacher
 9. Industry or business in which work was done, as saw mill, bank, etc. High School
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cowgill, Missouri

FATHER 13. NAME Jacob Lincoln Coffman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fairfield County Ohio

MOTHER 15. MAIDEN NAME Lucy Adeline Wallace

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Breckenridge, Missouri

17. INFORMANT (ADDRESS) Jacob Lincoln Coffman, Lawson, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Lawson, Missouri DATE August 10, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Walter Meinshofer, 1302 Faraon St., St. Joseph, Mo.

20. FILED Aug 10, 1939 A. J. Weatherford Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1939, to Aug 9, 1939

I last saw h. or alive on Aug 9, 1939 Death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary embolism Date of onset 8.9.39

Other contributory causes of importance: General peritonitis 6.15.39

Name of operation Appendectomy Date of 6.17.39
 What test confirmed diagnosis? Clot Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____

(Signed) J. W. Ryan, M. D.
 (Address) Kirkpatrick Bldg.

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.

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

H. H. Kelly

Licensed Embalmer No. Lo. 3946

P. O. Address St. Joseph, Missouri.

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, above space should be left blank.