

N. B.—Every item of information should be carefully planned. 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.

JAN 17 1940

Registration District No. 12

Primary Registration District No. 4427

Registrar's No. 77

1. PLACE OF DEATH: 2
 (a) County Pulaski
 (b) City or town Richland Mo.
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 12 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Pulaski
 (c) City or town Richland
 (d) Street No. General Delivery
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME CAROLINE JUDY TRAW.
 3. (b) If veteran, name war _____
 3. (c) Social Security No. 600
 4. Sex Female
 5. Color or race white
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Samuel Traw
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased MARCH 30 - 1863

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 26 year 1939 hour 3 Pm minute 30 M.
 21. I hereby certify that I attended the deceased from July 15, 1939 to Dec 26, 1939; that I last saw her alive on Dec 26, 1939 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>9</u>	<u>6</u>	hr. min.

Immediate cause of death Coronary Sclerosis Duration 17 years
 Due to General arteriosclerosis 5 years
 Due to unknown

9. Birthplace Richland Camden Co. Mo.
 10. Usual occupation Housewife
 11. Industry or business _____
 12. Name of father Geo Newton Coffey
 13. Birthplace unknown Mo
 14. Maiden name Marion Green
 15. Birthplace unknown Mo.

Other conditions (include pregnancy within 3 months of death) 94%
 Major findings: Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically

16. (a) Informant's own signature M. S. Traw
 (b) Address Richland Mo
 17. (a) Richland (b) Date thereof 12-29-39
 (c) Place: burial or cremation Oak Lawn
 18. (a) Signature of funeral director R. A. Oliver
 (b) Address Richland Mo.
 19. (a) Dec 26/39 (b) Orville C. Oliver
 (Date received local registrar) (Registrar's signature)

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? _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
 While at work? _____ (Specify type of place) Means of injury _____
 28. Signature Orville C. Oliver (M. D. or other) _____
 Address Richland Mo Date signed Dec 26/39

RECEIVED

District Health Officer No. 5,

Dist. 140 62

Date filed 11048

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

Nob Embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.