

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

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.

APR 18 6 04 AM
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11291
Registrar's No. 68

Registration District No. 408

Primary Registration District No. 3020

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carthage
(c) Name of hospital or institution: 423 Clinton
(d) Length of stay: In hospital or institution _____
In this community 45 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Carthage
(d) Street No. 423 Clinton
(e) If foreign born, how long in U. S. A.? life years.

3. (a) PRINT FULL NAME MARY E. Coatsley
(b) If veteran, name war No
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar day 11
year 1940 hour 6 minute A.

4. Sex Female race white
5. Color or race white
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife G. W. Coatsley
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 7 1851

21. I hereby certify that I attended the deceased from June 9, 1938 to Mar. 11, 1940
that I last saw her alive on Mar 10, 1940
and that death occurred on the date and hour stated above.

8. AGE: Years 88 Months 10 Days 4
If less than one day _____ hr. _____ min.

Immediate cause of death Uremia
Due to Chr. Nephritis
Chr. Myocarditis
Due to Senility

9. Birthplace Salem Indiana
10. Usual occupation At Home

Other conditions (Include pregnancy within 3 months of death) None
Major findings: Of operations None
Of autopsy None

MOTHER FATHER
12. Name David Hunsyell
13. Birthplace Indiana
14. Maiden name Elizabeth Elsson
15. Birthplace Illinois

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? _____

16. (a) Informant's own signature Ella Coatsley
(b) Address 423 E. Mason St - Carthage Mo
17. (a) Burial (b) Date thereof Mar. 13, 1940
(c) Place: burial or cremation Park Cemetery
18. (a) Signature of funeral director J. W. Knell
(b) Address Carthage Mo
19. (a) Mar. 13, 1940 (b) E. G. McIntire, M.D.

23. Signature George H. Wood (M. D. or other) 179
Address Carthage Mo Date signed 3/12/40

RECEIVED

District Health Officer No. 6,

District File Number 440-1175

Date filed APR 15 1940

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 Lucy Kneel-Buckwell

Licensed Embalmer No. 2510

P. O. Address Carthage, 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, above space should be left blank.