

FILED APR 8 1940

Registration District No. **477**

Primary Registration District No. **3021**

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
420 W. DAUGHERTY.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community 320
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Webb City
(If outside city or town limits, write "RURAL")
(d) Street No. 420 W. Daugherty
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME William L. Coates

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

4. Sex Male **5. Color or race** White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Lulu M. Coates **6. (c) Age of husband or wife if**
alive 63 years

7. Birth date of deceased Nov 22 1864
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>75</u> | <u>3</u> | <u>22</u> | hr. _____ min. _____ |

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

10. Usual occupation Retired

11. Industry or business _____

12. Name Ruben Coates

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Mary Cochran

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lulu Coates

(b) Address Webb City, Mo.

17. (a) Burial Final **(b) Date thereof** Mar 11 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cem.

18. (a) Signature of funeral director Webb City, Mo.

(b) Address Webb City, Mo.

19. (a) Date received local registrar MCH. 16. 40 **(b) Registrar's signature** J. T. Fitchett MD

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1940 hour 12:45 minute 01 M.

21. I hereby certify that I attended the deceased from January 7 - 1940 to March 14 - 1940
that I last saw him alive on March 14 - 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Heart Insufficiency

Due to _____
Due to 92 W

Other conditions _____
(Include pregnancy within 5 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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? _____

377 **(Specify type of place)** _____
While at work? _____ **(e) Means of injury** _____

23. Signature A. T. Winchester (M. D. or other) _____
Address Jasper, Mo. **Date signed** 3-16-40

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

49
11
2

RECEIVED

District Health Officer No. 6,

District File Number 440-940

Date Filed APR 4 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 myself

....., Registered Apprentice No.
working under my personal supervision.

Signed Rayton M. Johnston

Licensed Embalmer No. 3,922

P. O. Address Webb City, 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.