

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

FILED MAY 15 1940

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

**15038**  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Howell <sup>2</sup> Registration District No. 384  
 (b) Township Howell Primary Registration District No. 4227 Registered No. \_\_\_\_\_  
 (c) City West Plains (d) Street No. HARLIN DRIVE 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 34 yrs. 4 mos. 18 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

329  
 \_\_\_\_\_ Sarah Jozela Coats \_\_\_\_\_  
 (a) Residence, No. West Plains, Missouri, 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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OR Gas. M. Coats  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28 - 1859  
 7. AGE YEAR MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
80 9 25  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 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) Near Vienna Johnson Co. Illinois  
 FATHER 13. NAME H. Kemp Kendall  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vienna Johnson Co Ill.  
 MOTHER 15. MAIDEN NAME Susan Cooper  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vienna Johnson Co Ill.  
 17. INFORMANT (ADDRESS) Mrs. Otmar E. Stephens West Plains Missouri  
 18. BURIAL, CREMATION, OR REMOVAL PLACES Stuart Union DATE Mar. 25 1940  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Robertsons Mortuary, West Plains, Mo  
 20. FILED 3-25 1940 Vida W. Simons Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAR 23 1940  
 22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1935, to \_\_\_\_\_, 1940  
 I last saw her alive on 3-21, 1940. Death is said to have occurred on the date stated above, at 6 P m.  
 The principal cause of death and related causes of importance were as follows:  
Broncho pneumonia  
Chronic myocarditis  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: Senility  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Exam Was there an autopsy? no  
 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) E. C. Bohrer, M. D.  
344 (Address) West Plains, Mo

STATE OF MISSISSIPPI  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL RECORDS

**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.

District File Number 540 531

Signed \_\_\_\_\_

Date Filed 5/10/40

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.**