

OCT 18 1940

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

32154
Do not use this space.

1. PLACE OF DEATH Howard 2 0
 (a) County Howard Registration District No. 378
 (b) Township Fayette Primary Registration District No. 4222 Registered No. 68
 (c) City Fayette (d) Street No. _____ 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 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Glendon Coleman
 (a) Residence, No. Fayette Mo. 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 Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep. 21, '40
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
1
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 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) Fayette Mo.
 FATHER 13. NAME William Coleman
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayette Mo.
 MOTHER 15. MAIDEN NAME Bessie Mae Kirshway
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayette Mo.
 17. INFORMANT (ADDRESS) _____
 18. BURIAL, CREMATION, OR REMOVAL PLACE Removal by private DATE Sep. 22, '40
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Funeral Home William Coleman Fayette Mo.
 20. FILED Oct 5, 1940 Theda McCorle dep. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sep. 22, 1940
 22. I HEREBY CERTIFY, That I attended deceased from Sep. 21, 1940, to Sep. 22, 1940
 I last saw her alive on Sep. 21, 1940. Death is said to have occurred on the date stated above, at 8 a. m.
 The principal cause of death and related causes of importance were as follows:
premature
159
 Other contributory causes of importance:
not able to take
insufficient
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? yes
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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? _____
 If so, specify _____
 (Signed) Dr. H. C. Holyman M. D. 1940
 (Address) Fayette Mo.

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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-8-40

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.....

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.