

FILED NOV 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35296

Registration District No. 318 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:

(a) County. Green County.
 (b) City or town Springfield, Missouri.
 (If outside city or town limits, write "RURAL" and name of township)
 (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 3
 (Specify whether
 In this community
 years, months or days)

8. (a) PRINT FULL NAME James Russell Coleman.

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years7. Birth date of deceased October 27, 1940
(Month) (Day) (Year)8. AGE: Years 20 Months 11 Days 24 If less than one day hr. min.9. Birthplace Willow Springs, Missouri.
(City, town, or county) (State or foreign country)10. Usual occupation Student11. Industry or business 012. Name J. Hershel Coleman.13. Birthplace Dont Know.
(City, town, or county) (State or foreign country)14. Maiden name Marvet Russ.15. Birthplace Willow Springs, Missouri.
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. W.W. Russ(b) Address Willow Springs, Missouri.

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetary, Willow Springs, Mo.18. (a) Signature of funeral director J.R. Russ(b) Address Willow Springs, Mo.

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Hawell
 (c) City or town Willow Springs, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. (If rural, give location)
 (e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 7 day 21
year 1940 hour 5 minute 45 A. M.21. I hereby certify that I attended the deceased from Jan 26
1940 to Oct 21, 1940
that I last saw him alive on Oct 20, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death.

Due to pulmonary edema 5 days
metastatic sarcoma 4 weeks
of lungsDue to osteogenic sarcoma 10 months
of rib femur (primary site)

Other conditions (Include pregnancy within 3 months of death)

Major findings: RT by amputation
Of operations April 19, 1940
Of autopsy 12
58

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?

at (Specify type of place)

While at work? (e) Means of injury

23. Signature Daniel L. Lancy (M. D. or other) MDAddress Springfield, Mo. Date signed Nov 2, 1940

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

RECEIVED

District Health Officer No. 5,

District File Number 1140110

Date Filed _____

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 _____

Thomas R. Burns, Jr., Registered Apprentice No. 251
working under my personal supervision.

Signed T. R. Burns

Licensed Embalmer No. 1847

P. O. Address Willow Springs,

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35-296**
Registrar's No. **864-A**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **318**

Primary Registration District No. **2001**

REMARKS

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

1. PLACE OF DEATH:

(a) County **Greene**
(b) City or town **Springfield**
(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 _____ (Specify whether _____)

In this community _____ years, months or days (Specify whether _____)

3. (a) PRINT FULL NAME **James Russell Coleman**

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

4. Sex **m** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **s**

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased **Oct 27 1914**
(Month) (Day) (Year)

8. AGE: Years **20** Months **11** Days **24** If less than one day _____ hr. _____ min.

9. Birthplace **Wellow Spgs Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Student**

11. Industry or business _____

MOTHER FATHER { 12. Name **J. Hershel Coleman**

13. Birthplace **Wellow Spgs Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Married Russ**
15. Birthplace **Wellow Spgs Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. W. W. Russ**

(b) Address **Wellow Spgs Mo**

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **City Cem**

18. (a) Signature of funeral director **T. W. Russell Spgs Mo**

(b) Address **Wellow Spgs Mo**

19. (a) **12/12/40** (b) **W. E. Handley MD**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month **Oct** day **21**
year **1940** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary metastasis Sarcoma of lung** Duration **4 weeks**

osteogenic Sarcoma of left femur (Primary etc. 10 m)

Other conditions **Rt leg amputated**
(Include pregnancy within 3 months of death) **April 1940**

Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN

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?

While at work _____ (Specify type of place) Means of injury _____

23. Signature **Daniel L. Yancy** (M. D. or other) _____

Address **Springfield** Date _____

