

No. 2  
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X21422

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED NOV 25 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

36598

State File No. 8

Registration District No. 18

Primary Registration District No. 6139

Registrar's No.

1. PLACE OF DEATH:

(a) County Texas  
(b) City or town Morris Twp. (Rural)  
(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 20  
(Specify whether  
In this community 14 years  
years, months or days)

3. (a) PRINT FULL NAME Harriet Jane Coffin

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. Old Age Ass.

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

6. (b) Name of husband or wife David M Coffin 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased July 8 1868  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	3	--	hr. min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Amos Norton

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

14. Maiden name Tate  
(City, town, or county) (State or foreign country)

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

16. (a) Informant David M Coffin

(b) Address Bendavis Mo.

17. (a) Burial (b) Date thereof Oct. 9 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cedar Valley

18. (a) Signature of funeral director Gaylord Willis

(b) Address Cabool Mo.

19. (a) \_\_\_\_\_ (b) Pearl McCall  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Texas  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 20  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8  
year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Oct. 2, 1940 to Oct 8, 1940; that I last saw her alive on Oct 2, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Gangrene of the foot

Due to Thrombio-angiitis obliterans

Due to \_\_\_\_\_

Other conditions. 94 W  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence 00

(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) (e) Means of injury \_\_\_\_\_

23. Signature R.A. Ryan (M. D. or other) \_\_\_\_\_  
Address Mtn. Grove Date signed 8/11-40

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 5,  
District File Number: 11401116  
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 \_\_\_\_\_

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

Signed Gaylord V. Elliott

Licensed Embalmer No. 3252

P. O. Address Carol M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.