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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39171

Registration District No. 526 Primary Registration District No. 4312 Registrar's No.

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County MACON

(b) City or town ATLANTA — Mo-
(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 (Specify whether)

In this community 30 years or more
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo- (b) County MACON

(c) City or town ATLANTA
(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.

3. (a) PRINT FULL NAME ANDY. NELSON Coe

3. (b) If veteran, name war

3. (c) Social Security No. NO

4. Sex MALE

5. Color or race White

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Rosie Coe

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased APRIL (Month) 2nd (Day) 1865 (Year)

8. AGE: Years 75 Months 7 Days 13 If less than one day ___ hr. ___ min.

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

10. Usual occupation MERCHAN

11. Industry or business GENERAL STORE

FATHER
12. Name Edward. M. Coe
13. Birthplace VA. (City, town, or county) VA (State or foreign country)

MOTHER
14. Maiden name MARTHA NELSON
15. Birthplace (City, town, or county) Mo- (State or foreign country)

16. (a) Informant ROSA Coe.

(b) Address ATLANTA - Mo-

17. (a) ~~Mt TABOR~~ BURIAL (Burial, cremation, or removal) (b) Date thereof 11 (Month) 17 (Day) 1940 (Year)

(c) Place: burial or cremation MT. TABOR

18. (a) Signature of funeral director H.M. GOODDING

(b) Address ATLANTA. Mo-

19. (a) Nov 15 1940 (Date received local registrar) (b) Ruth McNeely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 15 year 1940 hour 10 minute P M.

21. I hereby certify that I attended the deceased from Oct 25, 1940 to Nov 15, 1940 that I last saw him alive on Nov 15, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Disease of heart

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature G. C. Lyon (M. D. or other)

Address Atlanta Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 12-40-2204

Date Filed ~~NOV 19 1940~~ Dec. 7, 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~~ H M Goodding, Registered Apprentice No. working under my personal supervision.

Signed H M Goodding

Licensed Embalmer No. 1750

P. O. Address Augusta, Me.

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.