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JAN 25 1949 735
Registration District No.

Primary Registration District No. 3034

Registrar's No. 246

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Wabash Hospital
(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) /

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 121 So 4th St
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Albert Spencer Coale

3. (b) If veteran, name war _____ 3. (c) Social Security No. 802-05-5783

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

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

7. Birth date of deceased June 22nd 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 5 1 hr. min.

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

10. Usual occupation Wabash A.R.

11. Industry or business Machinist 9

12. Name Vincent Coale 7

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

14. Maiden name Mary C. Spencer

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

18. (a) Informant Mrs Laura Coale

(b) Address 1681 So. Gaylord St Denver Colo

17. (a) Removal (b) Date thereof Nov. 24th 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Logansport Ind

18. (a) Signature of funeral director Moham and Son
(b) Address Moberly Mo

19. (a) Nov 24 30 (b) Leah K. Redman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23rd
year 1940 hour 7 minute 20 a.m.

21. I hereby certify that I attended the deceased from Nov 18, 1940, to Nov. 23, 1940, that I last saw him alive on Nov. 23, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death
Angina Pectoris
Coronary Thrombosis

Due to _____
Due to _____

Other conditions 1/4th
(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? 925
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature P. S. Kuratowski (M. D. or other) _____
Address Moberly Mo Date signed 11/24/40

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 1-41-122

Date Filed JAN 15 1941

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 Frank D. Watt

Licensed Embalmer No. 3021

P. O. Address Moberly, Mo.

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.