

No. 2
4-13-40
5-17-39
PI X23159

FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1795

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 24

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution 3214 Miller Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 months
In this community 6 months
years, months or days

3. (a) PRINT FULL NAME Nola Maye Coder
3. (b) If veteran, name war
3. (c) Social Security No. 722712

4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 8 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 6 0 hr. min.

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business at home

MOTHER FATHER
12. Name Vern Coder
13. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Nola Faye Holmes
15. Birthplace Centralia Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Alex E. Coder
(b) Address 3214 Miller Ave., St. Joseph, Mo.

17. (a) burial (b) Date thereof Jan. 9 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Memorial Park Cemetery
St. Joseph, Mo.

18. (a) Signature of funeral director Walter Meischer
(b) Address 1302 Faraon, St. Joseph, Missouri

19. (a) 1/9/41 (b) H. J. Westphal
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 3214 Miller Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 8
year 1941 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from Jan 6 1941 to Jan 8 1941
that I last saw her alive on Jan 6 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Accidental Death
by Suffocation -
Found dead in bed
Due to Suffocation from bed clothes

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
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) accident 131
(b) Date of occurrence Jan 8, 1941
(c) Where did injury occur? Home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
While at work? (Specify type of place) Suffocation
(e) Means of injury by bed clothes
23. Signature W. Roger Moore (M. D. or other)
Address Kirkpatrick Bldg. Date signed 1/8/41

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.....

Ohly Jester

Licensed Embalmer No. Mo. 4154

P. O. Address St. Joseph, Missouri

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, fact should be so stated above.