

FILED FEB 25 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Friend
3837
Do not use this space.

1. PLACE OF DEATH
 (a) County Phelps Registration District No. 677
 (b) Township Rolla Primary Registration District No. 4403 Registered No. 3
 (c) City Rolla or (d) Street No. 5 (If death occurred in Hospital or Institution, write its name instead of street and number) St. Rolla
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds. 5 yrs. 0 mos. 0 ds. 0

2. PRINT FULL NAME Eugene N. Coffman Sr.
 (a) Residence, No. 5 St. Rolla (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Carrie Hunt Coffman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 23, 1874

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>66</u>	<u>10</u>	<u>8</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phelps Co. Missouri

FATHER
 13. NAME John Boone Coffman
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phelps Co. Missouri

MOTHER
 15. MAIDEN NAME Hannah E. Snelson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phelps Co. Missouri

17. INFORMANT Arthur Coffman (ADDRESS) Rolla Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rolla Mo DATE 1/2 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs. Harry M. Caw Rolla Mo

20. FILED Jan. 2 1941 Jos. F. Ayers Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 31 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1940 to Dec 31, 1940
 That saw him alive on 12-31, 1940 Death is said to have occurred on the date stated above, at 7:30pm.
 The principal cause of death and related causes of importance were as follows:
coronary occlusion

Date of onset 12-31-40

Other contributory causes of importance: none

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) E. E. Friend M. D.
 (Address) Rolla Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 23 1941

RECEIVED

District Health Officer No. 5,

District File Number 241182

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 _____

R. E. McCaw

Licensed Embalmer No. _____

3953

P. O. Address _____

Ralls

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.