

FILED MAR 14 1941
Registration District No. _____

Primary Registration District No. **4550**

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

1. PLACE OF DEATH:

(a) County **ANDRAIN**
(b) City or town **VANDALIA**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **none**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **4 months**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Andrain 4**
(c) City or town **Vandalia 2**
(If outside city or town limits, write "RURAL")
(d) Street No. **405 S. Maple Street 1**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME **MARION Fred COLEMAN**

20. DATE OF DEATH: Month **Feb** day **14**
year **1941** hour _____ minute _____ M.

3. (b) If veteran, name war **World 1st** 3. (c) Social Security No. **318-14-6995**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

4. Sex **MALE** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

Immediate cause of death
This body was found dead in bed about 8:30 am.

7. Birth date of deceased **11** **29** **1897**
(Month) (Day) (Year)

Due to **Feb. 14, 1941**
death due to
Due to **Natural causes**

8. AGE: Years **43** Months **2** Days **16** If less than one day _____ hr. _____ min.

Other conditions **Coronary Thrombosis**
(Include pregnancy within 3 months of death)

9. Birthplace **Perry MO**
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____

10. Usual occupation **GENERAL LABOR**

Of autopsy _____
PHYSICIAN _____
Underline because of which death should be charged statistically.

11. Industry or business _____

12. Name **TOM COLEMAN**

13. Birthplace **Pike County MO**
(City, town, or county) (State or foreign country)

14. Maiden name **Betty Thompson**

15. Birthplace **Perry MO**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ollie William**

(b) Address **405 S. MAPLE VANDALIA**

17. (a) **BURIAL** (b) Date thereof **2** **19** **41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Edmward-mexico mu**

18. (a) Signature of funeral director **A. R. Kuyhollzer**
(b) Address **MEXICO MO**

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? **944**

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature **E. J. Burton** (M. D. or other) **3**
Address **MEXICO MO** Date signed **2/14/41**

RECEIVED

District Health Officer No. 10

District File Number 3-41-528

Date Filed

MAR 10 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

A. H. Reynolds

Licensed Embalmer No.

3521

P. O. Address

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.