

No. 2
23159

Registration District No. 608

Primary Registration District No. 68074

Registrar's No. 12

1. PLACE OF DEATH:

(a) County NEWTON

(b) City or town STELLA

(c) Name of hospital or institution: CARDWELL HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 DAYS
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NEWTON

(c) City or town RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. Buffalo Township
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME JULIA ESTHER COLEMAN

(b) If veteran, name war NONE

(c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 24
year 1941 hour 5 minute A M.

4. Sex FEMALE

5. Color or race White

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

6. (b) Name of husband or wife WALTER EDWARD COLEMAN

6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased DECEMBER 24 1916
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March-22-1941 to March-24-1941; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>25</u>	<u>3</u>	<u>0</u>	hr. _____ min. _____

Immediate cause of death Shock

Due to Ruptured abdominal aorta

Due to _____

Duration 3 1/2 hrs

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

10. Usual occupation AT HOME

Other conditions (Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

11. Industry or business _____

MOTHER FATHER { 12. Name MAURICE LOWE

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

14. Maiden name LOLA BUZZARD

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

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant W. E. Coleman

(b) Address Nessho Mo. R # 4

17. (a) Burial (b) Date thereof 3-26-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Goodman Missouri

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? _____

18. (a) Signature of funeral director Earley Thompson

(b) Address Nessho Mo

19. (a) 4-2-1941 (b) Ada Collings
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

23. Signature A. Conwell (M. D. or other) _____
Address Stella Date signed 4/1/41

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

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573

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.....

Corey Thompson
.....
Licensed Embalmer No. *3259*

P. O. Address *Neosho 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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11495-

Registration District No. 608

Primary Registration District No. 5807 A

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Stella
(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 _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (If outside city or town limits, write "RURAL.")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
* If yes, name country _____

3. (a) PRINT FULL NAME Julia Esther Coleman

3. (b) If veteran name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month Mar day 24
year 1941 hour _____ minute _____ M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife If alive _____ year

7. Birth date of deceased: _____ (Month) _____ (Day) _____ (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Shock Duration _____

8. AGE: Years 25 Months 3 Days 0 If less than one day _____ min.

Due to Removal of ruptured abdominal tumor

Due to _____

Other conditions (Include pregnancy within 3 months of death) (?) N.M.D. (?)

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

Major findings: Of operations _____

Of autopsy 576

Underline the cause to which death should be charged statistically.

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

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 _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

MOTHER FATHER

11495