

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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Registration District No. 796

Primary Registration District No. 3038

1. PLACE OF DEATH:  
 (a) County Saline  
 (b) City or town Marshall  
 (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 13 yr  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State mo (b) County Saline  
 (c) City or town Marshall  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 5-26 E Mitchell  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

8. (a) PRINT FULL NAME CHARLES SUMNER COSLET

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race N 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased mch - 3 - 1868  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
73 0 7 hr. min.

9. Birthplace Jackson Center Ind. 1  
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Jamen Coslet

13. Birthplace Porter Ind. 1  
 (City, town, or county) (State or foreign country)

14. Maiden name Maria Ireland

15. Birthplace Ind 1  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature H. P. Coslet  
 (b) Address Hardin mo

17. (a) Burial (b) Date thereof 3-12-41  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waverly mo cemetery

18. (a) Signature of funeral director Harry Hensburgh  
 (b) Address Marshall mo

19. (a) 3-12-41 (b) Mary Kent  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month mch. day 10  
 year 1941 hour \_\_\_\_\_ minute 15 P. M.

21. I hereby certify that I attended the deceased from Mar 4  
1941, to Mar 10 1941;  
 that I last saw him alive on Mar 10 1941;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Bronchitis  
Pneumonia  
 Duration 6 to 8  
 Due to \_\_\_\_\_ ?  
 Due to \_\_\_\_\_

Other conditions 107  
 (Include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings: X  
 Of operations \_\_\_\_\_  
 Of autopsy X  
 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?  
7/2 \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Al Postman (M. D. or other)  
 Address Marshall mo Date signed 3-12-41

RECEIVED  
HEALTH OFFICER NO. 8  
Date Filed 4-11-41

**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 Fred Weckhusen  
Licensed Embalmer No. 2478  
P. O. Address Clinton N

**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.**