

Registration District No. 349

Primary Registration District No. 5487

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Rural, Tebo Twsp.
(c) Name of hospital or institution RFD # 2, Calhoun
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 years (Specify whether years, months or days)
In this community 4 years

3. (a) PRINT FULL NAME George Custer Coleman

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Clara Coleman 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased January 11 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>2</u>	<u>14</u>	hr. min.

9. Birthplace Fremont County Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name John A. Coleman

13. Birthplace Decatur County Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Mary M. Coy

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

16. (a) Informant Mrs. G. C. Coleman

(b) Address R # 2, Calhoun, Missouri

17. (a) Burial (b) Date thereof 3-27-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calhoun, Missouri

18. (a) Signature of funeral director Huston-Turner

(b) Address Windsor, Missouri

19. (a) April 4-1941 (b) Mrs. Edith J. Simpson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. RFD # 2, Calhoun
(If rural, give location)
(e) -If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
year 1941 hour 12:15 p m minute _____ M.

21. I hereby certify that I attended the deceased from March 25, 1941, to March 30, 1941,
that I last saw him alive on March 30, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Mitral disease and Myocarditis

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

956 (Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature Ed. C. Pickett (M.D. or other) _____

Address Clinton Mo Date signed 3/27/41

RECEIVED

District Health Officer No. 7,

District File Number 5-41-732

Date Filed 5-2-41

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.....

Edmund H. Heston

Licensed Embalmer No. 3391

P. O. Address Windsor, 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.