

FILED JUL 11 1941
Registration District No. 773

Primary Registration District No. 4464

Registrar's No. 97

I. PLACE OF DEATH

(a) County St. Francis Co.
(b) City or town Farmington Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
503 W. Columbia
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community all of life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francis
(c) City or town Farmington
(If outside city or town limits, write "RURAL")
(d) Street No. 503 W. Columbia
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18
year 1941 hour 12 minute 15 P. M.
21. I hereby certify that I attended the deceased from Sept.
1938, to June 18, 1941;
that I last saw her alive on June 18, 1941;
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Alice Jane Coyle
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 9 1851
(Month) (Day) (Year)

8. AGE: Years 89 Months 9 Days 9 If less than one day hr. _____ min. _____

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

10. Usual occupation In Home

11. Industry or business _____
12. Name Milton Pleasant Coyle
18. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Virginia Dupuis
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant J. O. Coyle
(b) Address Farmington Mo.

17. (a) Maxine Coyle (b) Date thereof June 20 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Maxine Farmington Mo.

18. (a) Signature of funeral director Farmington Mo
(b) Address Farmington

19. (a) June 19 41 (b) B. R. Robinson
(Date received local registrar) (Registrar's signature)

Immediate cause of death Coronary Thrombosis
Due to Coronary Arterio-sclerosis
Due to Coronary Heart Disease
Other conditions General Arteriosclerosis
(Include pregnancy within 3 months of death)
Senility

Duration
4 days

Major findings:
Of operations _____
Of autopsy AKW

PHYSICIAN
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? _____

23. Signature W. R. Coyle (M. D. or other) _____
Address Farmington Date signed June 19 41

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

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.....

C. H. Cozear....., Registered Apprentice No.
working under my personal supervision.

Signed..... *C. H. Cozear*

Licensed Embalmer No. *4084*

P. O. Address *Farmington N.H.*

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.