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13-40
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X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25089

FILED AUG 15 1941

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 549

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 813 - N - Broadway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 039
(a) State Missouri (b) County Greene 2
(c) City or town Springfield 6
(If outside city or town limits, write "RURAL")
(d) Street No. 813 North Broadway
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME BRYANT COKER
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Shulia Coker
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased May (Month) 6 (Day) 1869 (Year)

8. AGE: Years 72 | Months 2 | Days 0 | If less than one day ..... hr. ..... min.

9. Birthplace Springfield (City, town, or county) Mo (State or foreign country)
10. Usual occupation R. R. Porter
11. Industry or business
FATHER
12. Name Shedrick Coker
13. Birthplace Unknown (City, town, or county) Arkansas (State or foreign country)
MOTHER
14. Maiden name Tizzie Span
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Mrs. Bryant Coker
(b) Address 813 - N Broadway City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-9-41 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Memorial
18. (a) Signature of funeral director H. V. Smith
(b) Address 702 - N. Jefferson City
19. (a) 7-9-41 (Date received local registrar) (b) W. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6th year 1941 hour 7 minute 30 P M.
21. I hereby certify that I attended the deceased from viewed the body at 813 N. Broadway, 19 on to July 6th, 1941, 19 ;
that I last saw h..... alive on ....., 19 ;
and that death occurred on the date and hour stated above.
Immediate cause of death Dr. Feller who was called but was not present at time of death said it was a Coronary Block, 95a Chronic Aortic Valvular Heart disease
Due to Acting Coroner agrees with his opinion
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature G H Boehm Acting Coroner (M. D. or other) 3
Address 227 E. Olive Street Date signed 7/7/41
Springfield, Mo.

107 (Licensed Embalmer's Statement on Reverse Side)

1940

SEP 9 1941

AUG 18 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 H. V. Smith

Licensed Embalmer No. 3328

P. O. Address 702 N. Jeffers

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.