

No. 2
1-13-40
17-39
X23159

Filed Aug 15 1941

Primary Registration District No. 2001

Registrar's No. 617

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:
St. John's Hospital
(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) 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Texas 107
(c) City or town Bado (If outside city or town limits, write "RURAL.") 0
(d) Street No. Rural (If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1941 hour 6:20 minute P. M.
21. I hereby certify that I attended the deceased from May 25
1940, 1941 to July 28, 1941;
that I last saw her alive on July 28, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of Colon (Sigmoid) 18 mos
+ metastasis to liver
Due to H6 E
Other conditions
(Include pregnancy within 3 months of death)

Major findings: 5/29/40 Carcinoma Colon
Of operations
Of autopsy
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? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature George H. Wood (M.D. or other) 1
Address Hallendale, Springfield Date signed 7/29/41

3. (a) PRINT FULL NAME Lou Coats

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Pink Coats 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased October 20, 1882
(Month) (Day) (Year)

8. AGE: Years 1 58 Months 9 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation In Home

11. Industry or business _____

12. Name Thomas C. Smith

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

14. Maiden name Sarah McCann

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

16. (a) Informant Mr. Pink oats

(b) Address Bado, Missouri

17. (a) Burial (b) Date thereof 7/30/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery Home

18. (a) Signature of funeral director Elliott Funeral Home

(b) Address Cabool, Missouri

19. (a) 7-30-41 (b) W. E. Handley
(Date received local registrar) (Registrar's signature)

184 (Licensed Embalmer's Statement on Reverse Side)

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

39
22
6

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

Lewis J. Scharff

Licensed Embalmer No

3802

P. O. Address

Springfield, 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.

X