

No. 2
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17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25306

FILED AUG 14 1941

State File No. _____

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
931 North John Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME William Coffland

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color White

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 June 10 1867
(Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 21
If less than one day _____ hr. _____ min.

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

10. Usual occupation Unemployed

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant James Hayman

(b) Address 903 Virginia, Joplin, Mo.

17. (a) Burial (b) Date thereof 8-1-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Lanpher Mortuary

(b) Address Joplin, Missouri

19. (a) 8-1-41 (b) Ed J. James
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 049

(a) State Missouri (b) County Jasper 2

(c) City or town Joplin 3
(If outside city or town limits, write "RURAL")

(d) Street No. 903 Virginia
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31st
year 1941 hour 7 minute 30 p.m.

21. I hereby certify that I attended the deceased from July 31 1941 to July 31 1941
that I last saw him alive on 50th July 31 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy

Due to arteriosclerosis

Duration Not known

Due to 83A

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

Major findings:
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)
(e) Means of injury _____

23. Signature Ed J. James (M. D. or other) 9

Address 804 7th Bldg Date signed 8/1/41

(Licensed Embalmer's Statement on Reverse Side)

41-8-673

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..... *F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address..... *Joplin 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.