No. 2
-1-4-41
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27816

FILED SEP 10 1941

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. [illegible]

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

11
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7

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: 2 Isolation Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 hrs. (Specify whether

In this community 8 Months 4 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan

(c) City or town St. Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 913 Pacific (If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME MARY ELIZABETH COATS

3. (b) If veteran, name war none

3. (c) Social Security No. None

4. Sex 1 female

5. Color or race 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 Dec. (Month) 5th. (Day) 1940 (Year)

8. AGE: Years 0 Months 8 Days 4 If less than one day hr. min.

9. Birthplace St. Joseph (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation NONE

11. Industry or business

FATHER
12. Name Lee Ray Coats
13. Birthplace St. Joseph (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name Elizabeth Breenan
15. Birthplace Esbin (City, town, or county) Kansas (State or foreign country)

16. (a) Informant Lee Ray Coats

(b) Address 913 Pacific St. Joseph, Mo. 0

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-11-41 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet

18. (a) Signature of funeral director FLEEMAN & SON INC.

(b) Address St. Joseph, Mo.

19. (a) Aug. 11, 1941 (Date received local registrar) (b) H. J. Mottebush (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 9th. year 1941 hour 6 minute 00 A.M.

21. I hereby certify that I attended the deceased from 8-7 1941 to Aug. 9 1941 that I last saw her alive on 8-9 1941; and that death occurred on the date and hour stated above.

Immediate cause of death (1) Bronchopneumonia (Primary) — Duration 7 days

~~Due to~~ DEHYDRATION

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

2000

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 [illegible] (M.D. or other) MD

Address Kirkpatrick Bldg. Date signed 8-9-41

(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

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~~ me

....., Registered Apprentice No.....

working under my personal supervision.

Signed Geo E Daniel

Licensed Embalmer No. 3300

P. O. Address St Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.