

FILED SEP 10 1941
165
10-3

State File No. _____

Registration District No. _____ Primary Registration District No. 59-3-21

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town Rural-Washington Township
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution X
(Specify whether)

In this community X 1 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar

(c) City or town Rural-Washington Township
(If outside city or town limits, write "RURAL")

(d) Street No. X
(If rural, give location)

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

3. (a) PRINT FULL NAME William Danial Coble

3. (b) If veteran, name war _____ 3. (c) Social Security No. X

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

6. (b) Name of husband or wife Ludia Coble 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased Jan. 30 1867
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>6</u>	<u>29</u>	<u>X</u> hr. <u>X</u> min.

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

10. Usual occupation Black Smith

11. Industry or business " "

12. Name Jake Coble

13. Birthplace X Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Harley Coble
(b) Address Sumnerville

17. (a) Burial (b) Date thereof Aug 31-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove Cremetry

18. (a) Signature of funeral director W. C. Davis & Co.

(b) Address Stockton, Mo.

19. (a) Sept. 4-41 (b) Ara M. Rush
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 29 day 19 1941
year 1941 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug 28 41 to Aug 29 1941, and that death occurred on the date and hour stated above.

Immediate cause of death embolism of coronary artery
Due to arterio sclerosis

Due to arterio sclerosis

Other conditions fair for age
(Include pregnancy within months of death)

Major findings: none made
Of operations _____
Of autopsy no

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 A. J. Stuppelauer M.D.
(M. D. or other) Address Sumnerville Date signed 9-3-41

Duration _____

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7,

District File Number 9-41-1622

Date Filed 9-9-41

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

Melvin Church

W. E. R. H.

Licensed Embalmer No. 3272

P. O. Address Stockton

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.

W. E. R. H. 9-10-41