

No. 2
-1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34746**

FILLED NOV 11 1941

Registration District No. **278**

Primary Registration District No. **3015-**

Registrar's No. **130**

1. PLACE OF DEATH:

(a) County **Cooper**

(b) City or town **Boonville, MO**

(c) Name of hospital or institution: **Dr. Alex vannavenswaay Hospital**

(d) Length of stay: **25 Days**

In this community **6 Years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cooper**

(c) City or town **Boonville**

(d) Street No. **406 Syramore Street**

(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **John Thos. Coleman Sr.**

3. (b) If veteran, name war **NO**

3. (c) Social Security No. **491-07-7808**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **7th.** year **1941** hour **6.10** minute **A.** M.

4. Sex **Male**

5. Color or race **Colored**

6. (a) Single, widowed, married, divorced **Widower**

6. (b) Name of husband or wife **Deceased**

6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **October 22, 1872**

21. I hereby certify that I attended the deceased from **Sept 7** 19**41** to **Oct 7** 19**41** that I last saw him alive on **Oct 7** 19**41** and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	68	11	15	hr. min.

Immediate cause of death **uremia** **2 weeks**

Due to **pericarditis by pericarditis** **several years**

Due to **pericarditis by pericarditis** **years**

9. Birthplace **Cooper County, Missouri**

10. Usual occupation **Labor**

Other conditions **1330**

(Include pregnancy within 3 months of death)

11. Industry or business **P W A**

12. Name **Cornelius Coleman**

13. Birthplace **Cooper County, Missouri**

14. Maiden name **Mollie Humphries**

15. Birthplace **Cooper County, Missouri**

Major findings: **Same**

Of operations **None**

Of autopsy **None**

Underline the cause to which death should be charged statistically.

16. (a) Informant **Mr. John Coleman Jr.**

(b) Address **Boonville, Missouri**

17. (a) **Burial** (b) Date thereof **Oct. 9/1941**

(c) Place: burial or cremation **Spice Creek Cemetery**

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? **---**

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **---**

18. (a) Signature of funeral director **[Signature]**

(b) Address **Boonville, Missouri**

19. (a) **10-9-41** (b) **[Signature]**

(Date received local registrar) (Registrar's signature)

23. Signature **[Signature]** (M. D. or other) **---**

Address **Boonville, Mo. 64601** Date signed **Oct 8, 1941**

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-8-41

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 C. L. Filand
Licensed Embalmer No. 1399
P. O. Address Wigles ma

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.