

FILED DEC 12 1941

Registration District No. 408

Primary Registration District No. 3030

Registrar's No. 182

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
701 Valley St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
In this community 12 Years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 701 Valley
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME John Wm. Coffel

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22nd
year 1941 hour 9:00 minute A. M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anne

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

7. Birth date of deceased Jan. 19 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
November 2nd 1941 to November 16th 1941
that I last saw him alive on November 16th 1941
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
69 10 3 hr. min.

Immediate cause of death.....
Cerebral Hemorrhage 20 days
Hypertensive arteriosclerosis

Due to.....

Due to.....

Other conditions None
(Include pregnancy within 3 months of death)

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

10. Usual occupation Farmer

11. Industry or business None

12. Name John Coffel

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

14. Maiden name Unknown

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

16. (a) Informant James Coffel

(b) Address 701 Valley St. Carthage Mo.

17. (a) Burial (b) Date thereof Nov. 24, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fullerton Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage Mo.

19. (a) Nov. 24, 1941 (b) E. G. M. Intie, M.D.
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations None

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence None

(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 George H. Wood (M. D. or other) M.D.
Address 304 Grant St., Date signed 11/24/41

Duration
20 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

46

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 P. W. K. Miller

Licensed Embalmer No. 814

P. O. Address Carthage, 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.