

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

BUREAU OF THE CENSUS
FILED JAN 22 1942

Registration District No. 566

Primary Registration District No. 5762

Registrar's No. 128

67
0
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Mississippi Thompson City Tenn
 (a) County Mississippi
 (b) City or town RURAL Rt #2 Charleston
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 15 MI. N.E. OF CHARLESTON.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community ALL OF LIFE years, months or days

2. USUAL RESIDENCE OF DECEASED: 67
 (a) State Missouri (b) County Mississippi
 (c) City or town RURAL Rt. 2
 (If outside city or town limits, write "RURAL")
 (d) Street No. 15 MI. N.E. OF CHARLESTON.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULLNAME BERTHA JEAN COLEMAN

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month SEPT. day 25th
 year 1941 hour 4 minute 0 p.m.

3. (b) If veteran, name war L
 3. (c) Social Security No. ✓

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him alive on _____, 19____;
 and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race COL.
 6. (a) Single, widowed, married, divorced, INFANT!
 6. (c) Age of husband or wife if alive 8 years
 7. Birth date of deceased: SEPT. (Month) 8 (Day) 1941 (Year)

Immediate cause of death Sala Pneumonia
 Duration 5da

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>0</u>	<u>13</u>	hr. _____ min.

Due to _____
 Due to _____

9. Birthplace CHARLESTON MISSOURI!
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 108

10. Usual occupation INFANT

Major findings: Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

11. Industry or business INFANT
 12. Name CLARENCE COLEMAN
 13. Birthplace CHARLESTON MISSOURI!
 (City, town, or county) (State or foreign country)
 14. Maiden name ROBERTA SCOTT
 15. Birthplace CHARLESTON MISSOURI!
 (City, town, or county) (State or foreign country)

16. (a) Informant CLARENCE COLEMAN

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? _____

17. (a) BURIAL (b) Date thereof 9-26-41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation THOMPSON BEND CEMETERY

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature Paul St. Baum (M. D. or other) 0
 Address Charleston Mo Date signed 9/24/41

18. (a) Signature of funeral director Lawrence G. Mumford
 (b) Address Charleston, Mo.
 19. (a) 12-15-41 (b) L. A. Brown
 (Date received local registrar) (Registrar's signature)

RECEIVED

District Health Office No. 2,

District File Number 142-87

Date Filed 1-16-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

Not Embalmed