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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7200

Registration District No. 1167 Primary Registration District No. 5690 Registrar's No. 4

1. PLACE OF DEATH:

(a) County McDonald

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

(c) Name of hospital or institution:
1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 15 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County McDonald

(c) City or town Rocky Comfort R.F.D. #1
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? ✓ (Yes or No)

If yes, name country ✓

3. (a) PRINT FULL NAME WALLACE HAMPTON COLEMAN

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex MALE

5. Color or race White

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

6. (b) Name of husband or wife Molly Coleman

6. (c). Age of husband or wife if alive 53 years

7. Birth date of deceased Sept. (Month) 11 (Day) - 1884 (Year)

8. AGE:

Years	Months	Days	If less than one day
57	4	23	hr. min.

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

10. Usual occupation Farming

11. Industry or business ✓

FATHER
12. Name First Name Unknown Coleman
13. Birthplace Unknown (City, town, or county) Texas (State or foreign country)

MOTHER
14. Maiden name Ella Reed
15. Birthplace Unknown (City, town, or county) Texas (State or foreign country)

16. (a) Informant Molly Coleman
(b) Address Rocky Comfort Rt #1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-5-42 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Rocky Comfort

18. (a) Signature of funeral director Chas. W. Williams
(b) Address Goodman, Mo.

19. (a) March 4 42 (Date received local registrar) (b) Dave Gerster (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3rd. year 1942 hour 7 minute 55 P.M.

21. I hereby certify that I attended the deceased from Fred Sudeville, 19....;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death was dead when I saw him. Give symptoms

Due to Coronary occlusion

Due to .....

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

Major findings:
Of operations 94a

Of autopsy .....

Duration

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 J. L. Edmondson (M. D. ~~or other~~)
Address Stella Mo. Date signed 2/4/42.

4/8

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 342-384
Date Filed MAR 13 1942

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.