

Registration District No. 1122 MAR 18 1942 2

Primary Registration District No. 6226

Registrar's No.

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Norwood, no Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Clark Log
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community About three years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wright
(c) City or town Norwood Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME William Isaac Coffman

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

4. Sex mo 5. Color or race W 6. (a) Single widowed, married, divorced married

6. (b) Name of husband or wife Emmie Jane Coffman 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Sept 25 1864
(Month) (Day) (Year)

8. AGE: Years 77 Months 4 Days 9 If less than one day hr. _____ min. _____

9. Birthplace Douglas County, MO
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

12. Name William Coffman

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

14. Maiden name Rebecca Hopper

15. Birthplace Douglas County, MO
(City, town, or county) (State or foreign country)

16. (a) Informant Wesley Coffman

(b) Address Norwood Mo R#2

17. (a) Denlow (b) Date thereof Feb 5 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Denlow, Mo

18. (a) Signature of funeral director JTB Baulden

(b) Address Norwood, Missouri

19. (a) _____ (b) Mr Charles Kramer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 3
year 1942 hour 4 minute 30 M.

21. I hereby certify that I attended the deceased from MODI
11/23/3 1942

that I last saw h. in alive on 11/23/3 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cholera

Due to _____

Due to _____

Other conditions: 46 f
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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 L J Vanegas (M. D. or other) _____

Address Denlow, Mo Date signed 7/4

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

RECEIVED

District Health Officer No. 6,

District File Number 242-262

Date Filed FEB 17 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 Ellen J. Bouldin

Licensed Embalmer No. ~~1970~~ 1969

P. O. Address Yonkers, N.Y.

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, above space should be left blank.