V. S. No. 2
OM—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 23 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19220

Registration District No. 85

Primary Registration District No. 1061

Registrar's No. 350

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

011
1
7

1. PLACE OF DEATH:

(a) County BUCHANAN

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

(c) Name of hospital or institution:
STATE HOSPITAL #2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 YR (Specify whether
In this community 1 YR years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CLAY 011

(c) City or town EXCELSIOR SPRINGS 1
(If outside city or town limits, write "RURAL")

(d) Street No. 206 N. MARRIETTA 7
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JOHN W. COLEMAN

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife MARY COLEMAN

6. (c) Age of husband or wife if alive 5 years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
85	85	10	2	7 hr. 25 min.

9. Birthplace Davenport (City, town, or county) Iowa (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name ANDREW COLEMAN
13. Birthplace (City, town, or county) IOWA (State or foreign country)

MOTHER
14. Maiden name MELCENA WESTLAKE
15. Birthplace (City, town, or county) OHIO (State or foreign country)

16. (a) Informant MRS. GRACE DENNISON
(b) Address 206 N. MARIETTA EXCELSIOR SPGS

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-5-42 (Month) (Day) (Year)
(c) Place: burial or cremation Sanborn Iowa

18. (a) Signature of funeral director C. C. Dinsmore
(b) Address 130 West 2nd Ottumwa Ia

19. (a) 4-5-42 (Date received local registrar) (b) Rose Hergey (Registrar's signature)

1233

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 5
year 1942 hour 7 minute 25A M.

21. I hereby certify that I attended the deceased from APRIL 5, 1942, to APRIL 5, 1942, that I last saw him alive on APRIL 5, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death BRONCHO PNEUMONIA	2 DA
Due to CHRONIC MYOCARDITIS	5 YR
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 107
Of autopsy

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) No
(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 0

23. Signature David Edwards (M. D. or other) MD
Address St Joseph Mo Date signed 4-5-42

(Licensed Embalmer's Statement on Reverse Side)

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~~ Me

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed: C. T. Dinsmore

Licensed Embalmer No. 1747.

P. O. Address Ottumwa Iowa

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.