. No. 2
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PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 16 1942

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

Dr. Burke 21180

State File No.

Registrar's No. 430

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield (Talla)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 420½ S. Jefferson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 10 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 420½ S. Jefferson 6
(If rural, give location)
(e) Citizen of foreign country? O (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Golda Guinn Coates
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Albert D. Coates
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased Jan. (Month) 15 (Day) 1885 (Year)

8. AGE: Years	Months	Days	If less than one day
57	4	21	hr. min.

9. Birthplace Scammon (City, town, or county) Kansas (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name John H. Guinn
13. Birthplace Unknown (City, town, or county) Indiana (State or foreign country)
MOTHER
14. Maiden name Mary Jane (Unknown)
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Albert D. Coates
(b) Address Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park
18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 6-8-42 (Date received local registrar) (b) S. M. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6 year 1942 hour 4 minute p. M.
21. I hereby certify that I attended the deceased from May 23, 1942 to June 6, 1942 and that death occurred on the date and hour stated above.
that I last saw her alive on June 6, 1942

Immediate cause of death	Duration
pyloric stenosis	
Due to irritation ingested	
Due to duodenal cancer	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations duodenal cancer tumor
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)
(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 McBurke D.O. (M.D. or other) D.O.
Address 219½ E. Olive St. Date signed 6/9/42

984 (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.....

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

working under my personal supervision.

Signed Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield 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.