

FILED JUL 10 1942
Registration District No. 73

Primary Registration District No. 4464

Registrar's No. 80

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

1. PLACE OF DEATH:

(a) County St. Francis

(b) City or town Farmington Mo.
(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 49 years
years, months or days

3. (a) PRINT FULL NAME John Coffel

3. (b) If veteran, name war World War I

3. (c) Social Security No. 490-018968

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Margaret Bunch

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Aug 21 1892
(Month) (Day) (Year)

8. AGE: Years 49 Months 10 Days 9
If less than one day _____ hr. _____ min.

9. Birthplace St. Francis Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business _____

MOTHER FATHER { 12. Name John Coffel

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

14. Maiden name Mrs. Anna Hudson

15. Birthplace Bullitt Co. Mo
(City, town, or county) (State or foreign country)

16. (a) Informant John Coffel

(b) Address 306 N. Main, Farmington Mo

17. (a) Burial (b) Date thereof July 1-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park View Farmington, Mo

18. (a) Signature of funeral director Carson Funeral Home

(b) Address Farmington Mo

19. (a) 7-1-1942 (b) Byrdie Bukhmaster
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 94

(a) State _____ (b) County 1

(c) City or town _____
(If outside city or town limits, write "RURAL")

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29th
year 1942 hour 11 minute 45 A. M.

21. I hereby certify that I attended the deceased from request
Dieter June 30 1942

that I last saw h _____ alive on _____ 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death: Broken Neck Duration _____
fractured! He descended came
to his death by a broken neck
caused by falling from scaffold
while at work for Walter Brachman
of the Greasing Milling Co. stony
in case of accident by looking
at the scaffold going away

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

Major findings: _____

Of operations _____

Of autopsy _____

1960

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) Accident 094

(b) Date of occurrence June 29, 1942

(c) Where did injury occur Farmington St. Francis Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Greasing Mill

While at work? yes (Specify type of place)

(e) Means of injury Death

23. Signature Phoebe Claywell (M.D. or other) _____
Address Carson Date signed 6/30/42

1196

AUG 9 1955

RECEIVED
District Health Officer No. 4
District File Number 742-836
Date Filed 7-9-42

JUL 10 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.....

me....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 4084

P. O. Address Farmington, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22176

Registration District No. 773

Primary Registration District No. 4464

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Francois

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

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

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Farmington
(If outside city or town limits, write "RURAL")

(d) Street No. N. Main St.
(If rural, give location)

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

3. (a) PRINT FULL NAME John Coffel

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June Day 29 year 1942 hour _____ minute _____ M.

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

Immediate cause of death _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 21 1891
(Month) (Day) (Year)

8. AGE: Years 49 Months 10 Days _____ (If less than one day) _____ min.

Due to _____

Due to _____

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

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

10. Usual occupation _____

11. Industry of business _____

12. Name _____

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

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____

Of autopsy _____

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) 7-1-1942 (b) Byrdie Buhmester
(Date received local registrar) (Registrar's signature)

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 _____ (M. D. or other) _____
Address _____ Date signed _____

SUPPLEMENTARY

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

MOTHER FATHER

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

S-22176