

Filed AUG 7 1948

Registration District No. _____

Primary Registration District No. 3007

12
7
3

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

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff
(c) Name of hospital or institution: Poplar Bluff, Hospital
(If not in hospital or institution, write street number & location) 4 da
(d) Length of stay: In hospital or institution 6 mo
In this community 6 mo
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")
(d) Street No. 404 Bartlett
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Belle Coffey

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

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

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

7. Birth date of deceased July 25 1908
(Month) (Day) (Year)

8. AGE: Years 33 Months 11 Days 18
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Bill Bailey Snodderly
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant John Elmer Coffey
(b) Address Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof 7-14-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation County Farm

18. (a) Signature of funeral director Greer Crox Service

(b) Address Poplar Bluff, Mo.

19. (a) 7-15-42 (b) Belle Turner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1942 hour 12 minute Noon M.

21. I hereby certify that I attended the deceased from Jul 10
1942 to Jul 13, 1942

that I last saw him er alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to gangrene of intestine

Due to Intestinal obstruction

Due to Peritonitis & Intestinal adhesions

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: gangrene colon

Intestinal obstruction, adhesions

Peritonitis

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 Frank E. Speller (M. D. or other) _____

Address Nonla Bly Date signed 7/14/42

12

7

3

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 842-922

Date Filed 8-4-42

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.