

Registration District No. **139** Primary Registration District No. **5531**

FILED SEP 11 1942

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

1. PLACE OF DEATH:

(a) County Holt

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

(c) Name of hospital or institution: 0
(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 Holt

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

(d) Street No. Rural West side Big Lake.
(If rural, give location)

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

3. (a) PRINT FULL NAME William Henry Coatney

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

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife An Zeralda Coatney 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Oct. 28 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>9</u>	<u>20</u>	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Campbell Coatney

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

14. Maiden name Mary Jane Lynn

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

16. (a) Informant Zeralda Coatney
(b) Address Fairview mo

17. (a) Catron Cemetery Date thereof 8/20/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catron Cemetery

18. (a) Signature of funeral director M. C. Crawford

(b) Address Macedonia Mo

19. (a) 8-20-42 (b) Pauline Dawson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 18th year 1942 hour 9 O'clock minute 30 A.M.

21. I hereby certify that I attended the deceased from July 30 1942 to aug 18 1942
that I last saw him alive on aug 18 1942 and that death occurred on the date and hour stated above.

Immediate cause of death acute cholel cystitis

Due to _____

Due to _____

Other conditions (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 F. C. Haggard (M. D. or other) _____
Address Macedonia Mo Date signed 8-20-42

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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J. H. ...
... ..

... ..
... ..

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: *W. H. ...*
Licensed Embalmer No. *1824*
P. O. Address *... .. 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.