

34748

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registrar's No. 2278

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED NOV 6 1942

Registration District No. 784

Primary Registration District No. 100

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH:

(a) County Douglas

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

(c) Name of hospital or institution 8619 Rose Ave. 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 \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Hiram Coleman

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race 2 Negro

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

6. (b) Name of husband or wife Bill Coleman

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased 10 (Month) 6 (Day) 1875 (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>-</u>	<u>24</u>	hr. _____ min. _____

9. Birthplace Capital Miss. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business General

MOTHER FATHER

12. Name Pat Coleman

13. Birthplace Unknown Miss. 1  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Miss. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Miss Bill's Sister

(b) Address 8619 Rose Ave. Brentwood

17. (a) Burial (b) Date thereof 11-3-1942  
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Father's house

18. (a) Signature of funeral director G. W. Bruce

(b) Address 1047 N. Harrison

19. (a) NOV 3 - 1942 (Date received local registrar)

(b) C. E. Mc Laron MD (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town Brentwood 9  
(If outside city or town limits, write "RURAL")

(d) Street No. 8619 Rose Ave  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30th  
year 1942 hour 7:15 minute 9 M.

21. I hereby certify that I attended the deceased from 10/2/42 to 10/30/42  
that I last saw her alive on 10/30  
and that death occurred on the date and hour stated above. 1942

Immediate cause of death Ch. Urnemia Duration \_\_\_\_\_

Due to Ch. nephritis

Due to \_\_\_\_\_

Other conditions Ch. pneumonia  
(Include pregnancy within 3 months of death)

Major findings: Hypertension

Of operations \_\_\_\_\_

Of autopsy and 12/1/42

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 A. Key Reynolds (M. D. or other) \_\_\_\_\_

Address 2428. 1st Ave Date signed 10/31/42

PHYSICIAN

Underline the cause to which death should be charged statistically

Rev. 5-17-39  
50M-5-17-39  
1 X1951

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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 Clay Young  
Licensed Embalmer No. 3371  
P. O. Address St. Louis

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, above space should be left blank.