

S. No. 2  
A-5-42  
5-17-39  
P I X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Dr. Rhinns  
37726

FILED DEC 9 1942

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

Registration District No. \_\_\_\_\_

Primary Registration District No. 5909

Registrar's No. 89

1. PLACE OF DEATH:

(a) County Pemiscot  
(b) City or town Caruthersville Rural I  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: \_\_\_\_\_ (Specify whether)  
In this community 40 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot  
(c) City or town Caruthersville, Mo. R.R. I  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural Route I  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James Monroe Coble

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Maggie Coble 6. (c) Age of husband or wife if alive 61 years  
7. Birth date of deceased January 21st, 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 10 8 hr. min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Henry Coble

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

14. Maiden name Mary Gunter

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

16. (a) Informant Mrs. Maggie Coble

(b) Address Caruthersville, Mo. R.R. I

17. (a) Burial (b) Date thereof 11/30/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Cemetery

18. (a) Signature of funeral director F. S. Smith  
(b) Address Caruthersville, Mo.

19. (a) 11-30-1942 (b) Jessie W. Marney  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29th,  
year 1942 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from November 42, 1942 to November 29, 1942;  
that I last saw him alive on November 28, 1942,  
and that death occurred on the date and hour stated above.

Immediate cause of death Garcinoma of prostate

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Geo. Rhinns (M. D. or other) \_\_\_\_\_

Address Caruthersville, Mo. Date signed 12/1/42

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

MOTHER FATHER

12-42-15

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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, ~~XXX~~.....  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed: *James A. Osburn*.....  
Licensed Embalmer No. 4185.....  
P. O. Address Caruthersville, 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.**