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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 25 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1562

State File No.

Registration District No. 42 Primary Registration District No. 1002 Registrar's No. 65

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Meth. Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) 1
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clinton 25
(c) City or town Plattsburg 3
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Mattie Lee Coleman
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Female 3
5. Color or race Col.
6. (a) Single, widowed, married, divorced 2 widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 18 (Day) 1883 (Year)

8. AGE: Years 59 Months 9 Days 3 If less than one day hr. min.

9. Birthplace Paris (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER 12. Name William Smith
13. Birthplace Mo. 0 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Caroline Bly
15. Birthplace Mo. 0 (City, town, or county) (State or foreign country)
16. (a) Informant Social Sec. office
(b) Address Plattsburg Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-22-43 (Month) (Day) (Year)
(c) Place: burial or cremation Plattsburg Mo.
18. (a) Signature of funeral director O'Brien Bros.
(b) Address Plattsburg Mo.
19. (a) 1-21-43 (Date received local registrar) (b) Rae Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21 year 1943 hour 2:30 minute A.M.
21. I hereby certify that I attended the deceased from Jan 20, 1943 to Jan 21, 1943 that last saw he alive on Jan. 20, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Burns, second, third degree burns 2/3 body surface	
Due to	
Due to	
Other conditions: Diabetes Mellitus (Include pregnancy within 3 months of death)	
Major findings: Of operations 1941-1	
Of autopsy 1945	

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 25
(b) Date of occurrence Jan. 20, 1943 02
(c) Where did injury occur? Plattsburg (City or town) Clinton (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home (Specify type of place)
While at work? (e) Means of injury 0
23. Signature S. E. Senor M.D. (M. D. or other)
Address St. Joseph Mo. Date signed 1-24-43

1233 (Licensed Embalmer's Statement on Reverse Side)

MAR 30 1948

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 Donell W. Lyon

Licensed Embalmer No. 3640

P. O. Address Platteburg 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.