

1. PLACE OF DEATH:

(a) County. Jasper  
(b) City or town. Joplin  
(c) Name of hospital or institution: St. John Hospital  
(d) Length of stay: In hospital or institution. 25 Years  
In this community 25 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Jasper  
(c) City or town. Joplin  
(d) Street No. 2301 Wall Street  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Mary E. Coley

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed 2 divorced, widowed  
6. (b) Name of husband or wife. Amos Coley 6. (c) Age of husband or wife if alive. 3 years  
7. Birth date of deceased. May 3 3 1864  
(Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 11 If less than one day hr. min.

9. Birthplace. Germany 4  
(City, town, or county) (State or foreign country)

10. Usual occupation. Housewife

11. Industry or business.

12. Name. Ericaha 4  
13. Birthplace. Unknown  
14. Maiden name. Unknown  
15. Birthplace. Unknown 4  
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. Frank D. Lee  
(b) Address. Chicago, Illinois  
17. (a) Burial (b) Date thereof. Jan. 17-19  
(c) Place: burial or cremation. O.S. Memorial  
(Date received local registrar) (Month) (Day) (Year)

18. (a) Signature of funeral director. Parker-Hunsaker  
(b) Address. 1502 Joplin Street  
19. (a) 1-19-43 (b) Gustav Susholter  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 14 year 1943 hour 7 minute 15 M.

21. I hereby certify that I attended the deceased from Jan 13-14 1943 that I last saw her alive on Jan 14 1943 and that death occurred on the day and hour stated above.

Immediate cause of death. Cardiac Failure

Due to. Cardiac Vascular Disease & Hypertension

Due to. Arteriosclerosis

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

Major findings: Of operations. Of autopsy. No

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature. A.L. Crawford M.D. Address. 631 7th St. Joplin Mo. Date signed. 1-16-43

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

49  
512

49  
3

0

Duration

Not Known

12 yrs?

PHYSICIAN

Underline the cause to which death should be charged statistically.

42-1-57

**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..... *F. M. Jones* .....

Licensed Embalmer No..... *2319* .....

P. O. Address..... *Joplin 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.**