

MAR 12 1943

Registration District No. 13

Primary Registration District No. 3003

Registrar's No. 8

1. PLACE OF DEATH:
(a) County Barry
(b) City or town Monett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
In this community 25 or 30 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Laurie
(c) City or town Pierce City (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country none

3. (a) PRINT FULL NAME Dolly Minnie Coleman
3. (b) If veteran, name war none
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb, day 3^d
year 1943 hour 1:30 minute 4 M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Samuel A. Coleman
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased October 20 1887
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw her alive on Feb 3^d, 1943;
and that death occurred on the date and hour stated above.
Immediate cause of death Myocarditis

8. AGE: Years Months Days If less than one day
55 3 14 hr. _____ min.

Due to _____
Due to _____

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

Other conditions Chronic parenchymatous nephritis
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business Home
12. Name George Glines
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Charity G. Ham
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____

16. (a) Informant S. A. Coleman
(b) Address R. 1 - Pierce City Mo
17. (a) Burial (b) Date thereof 2-7-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation P.O. Cemetery Monett Mo
18. (a) Signature of funeral director Callaway
(b) Address Monett Mo
19. (a) Feb 5 1943 (b) Audna Willoughby
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature D. C. Bayll (M, D, or other) DO
Address 100 4th St. Whitt Mo Date signed 2/5/43

WRITE PLEASEY USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 6;

District File Number 343-270

Date Filed MAR 11 1943

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.....

J. D. Buchanan

Licensed Embalmer No. 3149

P. O. Address.....

Mount St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.