

FILED MAR 10 1943

Registration District No. 252

Primary Registration District No. 5856

Registrar's No. 2

74
00

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

1. PLACE OF DEATH: Nodaway

(a) County Nodaway

(b) City or town Hopkins Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Hopkins Rural
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Life years, months or days _____ (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED: 24

(a) State Missouri (b) County Nodaway 0

(c) City or town Hopkins, Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME Nellie Ethel Coleman

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ed 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased: June 1 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

60	8	4	_____ hr. _____ min.
----	---	---	----------------------

9. Birthplace Hopkins Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Tatman

13. Birthplace Macomb Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Corea Grenlee

15. Birthplace Whitesville Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Carl Coleman

(b) Address 6410 E. 12 Kansas City Mo.

17. (a) Burial (b) Date thereof Feb 7, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hopkins Mo.

18. (a) Signature of funeral director Stanley Swanson

(b) Address Hopkins, Mo.

19. (a) 7/6/1943 (b) W. H. Sawyer
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month Feb. day 4

year 1943 hour 3 minute 40 P. A. M.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4

21. I hereby certify that I attended the deceased from 10/1/42 to 2/4/43, 1943

that I last saw her alive on 1/15/43, 1943

and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Duration signa

Due to arterio Sclerosis Unknown

Due to _____

Other conditions (Include pregnancy within 3 months of death) g3 f

Major findings: Of operations _____

Of autopsy _____

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 g

23. Signature Stanley Swanson (M. D. or other) MS

Address Hopkins Date signed 7/6/43

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

myself....., Registered Apprentice No.....
working under my personal supervision.

Signed *Stanley Swanson*.....

Licensed Embalmer No. *3963*.....

P. O. Address *Hopkins, 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.