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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7931

State File No.

FILED FEB 15 1943

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 8

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Washington Twp Shp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No3 Nevada 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 mos. 9 dys. (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County JASPER
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 2301 Wall
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Amos Coley.
3. (b) If veteran, name war Unknown
3. (c) Social Security No. None
4. Sex Male
5. Color or Race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs Mary Coley
6. (c) Age of husband or wife if alive Unk years
7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years 74 Months ? Days ? If less than one day hr. min.

9. Birthplace (City, town, or county) Germany ? (State or foreign country)
10. Usual occupation Painter
11. Industry or business
MOTHER FATHER
12. Name ? Coley
13. Birthplace (City, town, or county) Germany ? (State or foreign country)
14. Maiden name ? Krutz
15. Birthplace (City, town, or county) Germany ? (State or foreign country)
16. (a) Informant State Hospital Records
(b) Address Nevada, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-43 (Month) (Day) (Year)
(c) Place: burial or cremation Joplin
18. (a) Signature of funeral director Parker Funeral Home
(b) Address Joplin Mo
19. (a) Jan. 14, 1943 (Date received local registrar) (b) Elizabeth Breckenridge (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13th year 1943 hour 4 50 minute P. M.
21. I hereby certify that I attended the deceased from June 4th, 1942, to Jan 13th, 1943 that I last saw him alive on Jan 13th, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerotic Heart Dis — Duration
Due to
Due to
Other conditions Senility (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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

23. Signature G. S. Waraeck (M. D. or other)
Address Nevada, Mo Date signed 1/13/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 1-43-58
Date Filed 2-4-43

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 Steve D Parker

Licensed Embalmer No. 2548

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.