

No. 2
9-4-41
5-17-41
FILED MAR 20 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 160

Registration District No. 156 Primary Registration District No. 2001

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin

(c) Name of hospital or institution: 731 Mississippi

(d) Length of stay: In hospital or institution 50 months

In this community 50 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin

(d) Street No. 731 Mississippi

(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME MARIE A. COFFIN

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 9

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

7. Birth date of deceased November 4, 1866

8. AGE: Years 76 Months 4 Days 11 If less than one day hr. _____ min. _____

9. Birthplace Indiana

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Hood

13. Birthplace Indiana

14. Maiden name Ester Clark

15. Birthplace Indiana

16. (a) Informant Mrs. Bertie Harvey

(b) Address Galena, Kansas

17. (a) Burial, cremation, or removal (b) Date thereof 3-17-43

(c) Place: burial or cremation Hillcrest; Galena, Kan

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15 year 1943 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from 2-7-1943 to 3-15-1943 that I last saw her alive on 3-14-1943 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Arteriosclerosis and senility

Due to _____

Other conditions (Include pregnancy within 3 months of death) 93%

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? _____

(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 _____

23. Signature P.A. Mahoney (M. D. or other) M.D. Address Joplin, Mo. Date signed 3/15/43

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

43-3-236

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.

Registration District No. 156

Primary Registration District No. 2001

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: —

(If not in hospital or institution, write street number or location)

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

In this community — 4 mo years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Jasper

(c) City or town Coplin
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? — (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME Marie A Coffin

3. (b) If veteran, name war —

3. (c) Social Security No. —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov year 1943 day 15 minute — M.

21. I hereby certify that I attended the deceased from 9 10 15 1943;

that I last saw him alive on 9 10 15 1943;

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

Immediate cause of death —

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased: Nov 4 - 1886
(Month) (Day) (Year)

Duration

Due to —

Due to —

Other conditions (include pregnancy within 3 months of death) —

8. AGE: Years 74 Months 4 Days — If less than one day — min.

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

10. Usual occupation —

11. Industry or business —

12. Name —

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

14. Maiden name —

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

16. (a) Informant —

(b) Address —

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

(c) Place: burial or cremation —

18. (a) Signature of funeral director —

(b) Address —

19. (a) — (Date received local registrar) (b) — (Registrar's signature)

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 —

23. Signature — (M. D. or other)

Address — Date signed —

SUPPLEMENTARY

MOTHER, FATHER

