

S. No. 2
M-9441

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

MAY 10 1943

128

14293

State File No.

Registrar's No.

340

Registration District No.

Primary Registration District No. 2000

1. PLACE OF DEATH: **GREENE**

(a) County.....

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

(c) Name of hospital or institution: **Springfield Baptist Hospital**
(If not in hospital or institution, write street number or location)

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

In this community **Short Time**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Christian**

(c) City or town..... **Spokane**
(If outside city or town limits, write "RURAL")

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

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

If yes, name country.....

3. (a) PRINT FULL NAME **MARY ELIZABETH COATS**

3. (b) If veteran, **No** name war.....

3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**

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

6. (b) Name of husband or wife **C. W. Coats**

6. (c) Age of husband or wife if alive **71** years

7. Birth date of deceased **September 7, 1874**
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-------|--------|------|----------------------|
| | 68 | 7 | 23 | |

9. Birthplace **Christian County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

11. Industry or business.....

MOTHER FATHER { 12. Name **Charley Carter**

13. Birthplace **Unknown Tennessee**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown Stuart**

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

16. (a) Informant **Charles L. Coats**

(b) Address **Bois D'arc**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **5-2-43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Spokane Missouri**

18. (a) Signature of funeral director **Fred C. Thieme**

(b) Address **1100 Boonville Ave. Spfld.**

19. (a) **4-30-43** (Date received local registrar)

(b) **W E Daudy** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **30th**
year **1943** hour **Five** minute **50 A.M.**

21. I hereby certify that I attended the deceased from **April 26, 1943** to **April 30, 1943**
that I last saw her alive on **April 29, 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Hepatorenal syndrome**

Due to: **Cholecystitis with stone**

Due to: **Hepatitis chronic**

Other conditions: **176**
(Include pregnancy within 3 months of death)

Duration

2 1/2 hrs

PHYSICIAN

Major findings: **Gallstones**

Of operations.....

Of autopsy.....

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?

While at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature **Robert Glynn** (M. D. or other) **MD**

Address **Spokane, ID** Date signed **4/30/43**

984

(Licensed Embalmer's Statement on Reverse Side)

MAY 18 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..... **Fred C. Thieme**.....

Licensed Embalmer No..... **2899**.....

P. O. Address..... **Springfield, Missouri**.....

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.

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