

FILED JUN 15 1945

Registration District No. 130

Primary Registration District No. 4220

1. PLACE OF DEATH:

(a) County HICKORY  
(b) City or town WHEATLAND  
(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 53 YEARS (Specify whether)  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HICKORY  
(c) City or town WHEATLAND  
(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 ALBERT MADISON COFFMEN

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

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife JOHANNA COFFMEN 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 12 11 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
73 4 16 hr. \_\_\_\_\_ min.

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

10. Usual occupation RETIRED BUTCHER

11. Industry or business ISSAC ALLEN COFFMEN

12. Name IND.

13. Birthplace MARY ANN EDWARDS  
(City, town, or county) (State or foreign country)

14. Maiden name KY.  
(City, town, or county) (State or foreign country)

15. Birthplace

16. (a) Informant ANNIS WAVE

(b) Address WHEATLAND, MISSOURI

17. (a) BURIAL (b) Date thereof 4 29 - 45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SUNNER CEMETERY

18. (a) Signature of funeral director GILBERT WATHAWAY  
(b) Address WHEATLAND, MO.

19. (a) May 14 - 43 (b) Mary K Carlstrom  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 27  
year 1945 hour THREE minute A M.

21. I hereby certify that I attended the deceased from Jan, 1941, to April - 27 -, 1945  
that I last saw him alive on April - 25 -, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death In my opinion death was due to embolus as he died instantly.  
Due to Chronic Myo-Carditis 10 yrs.

Also had Chronic Interstitial Nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 131a  
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?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature A. S. Johnston (M. D. or other)  
Address Wheatland Mo Date signed 4-28-45

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

13  
1  
0

1094

20 18 2 1951  
65 12 1

and now that  
the body has been  
examined and found  
suitable for burial  
at the residence of  
the deceased at  
the residence of  
the deceased at  
the residence of  
the deceased at

RECEIVED  
District Health Officer No.  
District File Number 5-43-527  
6-12-43

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 *Charles Gilbert Kethawa*

Licensed Embalmer No. *4267*

P. O. Address *W. Holland, 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.