

S. No. 2
4-5-42
5-17-39
I X32879

FILED JUN 14 1943
Registration District No. 238

Primary Registration District No. 4355

Registrar's No. 26

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

1. PLACE OF DEATH:

(a) County New Madrid

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

(c) Name of hospital or institution: No 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether
In this community About 20 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 72

(a) State Missouri (b) County New Madrid

(c) City or town New Madrid 0
(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 _____ 0

3. (a) PRINT FULL NAME ALBERT D. COATES

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

4. Sex M 5. Color or race BLACK 6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Louise Coates 6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased Jan - 28 - 1889
(Month) (Day) (Year)

8. AGE: Years 53 Months 3 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Pinetop Miss!
(City, town, or county) (State or foreign country)

10. Usual occupation Day Work

11. Industry or business _____

12. Name Pete Coates

13. Birthplace unk Miss!
(City, town, or county) (State or foreign country)

14. Maiden name unk

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

16. (a) Informant Willie Coates

(b) Address New Madrid, Mo

17. (a) Burial (b) Date thereof 5-13-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sandhill

18. (a) Signature of funeral director Richard and Co
(b) Address New Madrid, Mo.

19. (a) May 17, 1943 (b) Ala Spitzer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 12
year 1943 hour 10:30 minute 91 M.

21. I hereby certify that I attended the deceased from 3/15 1943 to 5/12 1943
that I last saw him alive on 5/12 1943
and that death occurred on the date and hour stated above.

Immediate cause of death malignant Hypertension

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 102

Major findings: Of operations _____

Of autopsy _____

Duration _____

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 Ballenstern MD (M.D. or other) 0
Address New Madrid, Mo Date signed 5/12/43

RECEIVED

District Health Office No. 2,

District File Number 643-830

Date Filed 6-11-43

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 Not Embalmed
Leo Hedgcock
Licensed Embalmer No. 3803
P. O. Address New Madrid, 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.