

FILED MAY 20 1943  
Registration District No. 297

Primary Registration District No. 30.57

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

1. PLACE OF DEATH:

(a) County Ray

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

(c) Name of hospital or institution: County Home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 64 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray

(c) City or town Richmond  
(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 William Albert Coleman

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24  
year 1943 hour 9 minute P. M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased April 29 1878  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-24-43 19 to 4-24-43 19;  
that I last saw him alive on 4-22-43 19;  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>9</u>	<u>26</u>	_____ hr. _____ min.

Immediate cause of death Bronchial Pneumonia

Duration 3 days

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

Due to \_\_\_\_\_

Due to \_\_\_\_\_

10. Usual occupation Farmer

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

Duration 6 mo

11. Industry or business \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

12. Name T. J. Coleman

Major findings: Of operations

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

Of autopsy \_\_\_\_\_

14. Maiden name Pauline Brizondine

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

16. (a) Informant Nanny E. Stanley

(b) Address Richmond Mo. R.F.D.#1.

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? \_\_\_\_\_

17. (a) Burial (b) Date thereof April 26 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hope

18. (a) Signature of funeral director [Signature]

(b) Address Richmond Mo.

While at work? [Signature] (Specify type of place) \_\_\_\_\_

\_\_\_\_\_ Months of injury \_\_\_\_\_

19. (a) Apr 26 43 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

23. Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_

Address Richmond, Mo. Date signed 4-26-43

5-15-43

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**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~~<sup>by</sup>.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....*E. Hurman*.....

Licensed Embalmer No. 2073.....

P. O. Address.....Richmond Va.....

**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.**