

FILED SEP 21 1943

Registration District No. **749**

Primary Registration District No. **1002**

1. PLACE OF DEATH:
 (a) County **Jackson**
 (b) City or town **J.E.**
 (c) Name of hospital or institution:
2627 Campbell
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **6 weeks** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo** (b) County **Jackson**
 (c) City or town **Richhill Mo.** (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 **Ralph Coleman**
 3. (b) If veteran, name war **no**
 3. (c) Social Security No. **unknown**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **8-31-43** year _____ hour _____ minute _____ M.

4. Sex **m** 5. Color or race **W**
 6. (a) Single, widowed, married, divorced **m**
 6. (b) Name of husband or wife **Daisy Coleman**
 6. (c) Age of husband or wife if alive **31** years
 7. Birth date of deceased **Jan 15 1892** (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ 19 _____;
 that I last saw him alive on _____ 19 _____;
 and that death occurred on the date and hour stated above.

8. AGE: Years **51** Months **8** Days **16** If less than one day _____ hr. _____ min.

Immediate cause of death
Hemo pericardium
 Due to **Fatal Gunshot Wound**
 Due to **of Chest**
 Other conditions (Include pregnancy within 3 months of death) **164e**

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

10. Usual occupation **farmer**

11. Industry or business _____

MOTHER FATHER
 12. Name **Ralph Coleman**
 13. Birthplace **unknown** (City, town, or county) (State or foreign country)
 14. Maiden name **Jessie Suggs**
 15. Birthplace **unknown** (City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy **Inspection photo**
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Louise Myntow**
 (b) Address **3117 Charlotte**
 17. (a) **Burial** (b) Date thereof **9-7-43** (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Richhill, Mo.**
 18. (a) Signature of funeral director **Booth Funeral Home** (Specify type of place) while at work (b) Address **Rich Hill Mo.**
 19. (a) **9-7-43** (b) **Er Brown** (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) **suicide**
 (b) Date of occurrence **August 31 1943**
 (c) Where did injury occur? **near Old Jackson Mo** (City or town) (Country) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 23. Signature **C. E. Wacker** (M. D. or other) **13 McCal** (Date signed) **9/1/43**

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

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. Swanton

Licensed Embalmer No.....

2244

P. O. Address.....

H. C. 220

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.