

3. No. 2
M-2-43
5-17-39
1 X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41577

FILED JAN 5 1944

Registration District No. 2

Primary Registration District No. 1000

Registrar's No. 1440

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 8 weeks
In this community 53 years 0 months 25 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2120 Faraon Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Elsie Marie Coulter

3. (b) If veteran, name war No 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 Frederick H. Coulter 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased November 9 1890
(Month) (Day) (Year)

8. AGE: Years 53 Months 0 Days 25 If less than one day hr. min.

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business T. G. Travis

12. Name T. G. Travis 13. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Unknown 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Frederick N. Coulter

(b) Address 2120 Faraon St., St. Joseph, Mo

17. (a) Removal (b) Date thereof 12/5/1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Blue Rapids, Kansas

18. (a) Signature of funeral director Walter Heischoffer
(b) Address 1302 Faraon St., St. Joseph, Mo

19. (a) 12-5-43 (b) Rose Heisoy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December, 4th,
year 1943 hour 12:15 minute P. M.

21. I hereby certify that I attended the deceased from 11-18
1943 to 12-4-1943

that I last saw her alive on 12-4- 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
estab. Duration 2 days

Due to Following
Cholecystectomy

Due to 106

Other conditions 106
(Include pregnancy within 3 months of death)

Major findings: Cholelithiasis
Of operations

Of autopsy Acute red hepatitis
both lungs

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 Paul J. [unclear] (M. D. or dentist)
Address St. Joseph, Mo Date signed 12-6-43

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

JAN 7 1944

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..... *Albert B. Harrington*

Licensed Embalmer No..... 3258 Missouri

P. O. Address..... St. Joseph, 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.