

FILED JAN 12 1944

Registration District No. 12

Primary Registration District No. 5947

Registrar's No. \_\_\_\_\_

**I. PLACE OF DEATH**

(a) County Phelps  
(b) City or town St James Rural  
(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 \_\_\_\_\_  
years, months or days

8. (a) PRINT FULL NAME Allen a Coil

3. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

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

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

7. Birth date of deceased 11 - 14 - 1879  
(Month) (Day) (Year)

8. AGE: Years 64 Months 1 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Andrain Co MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

12. Name Geo a Coil

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

14. Maiden name Elyzabeth Roman

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

16. (a) Informant Christine Coil

(b) Address St James MO

17. (a) Rem (b) Date thereof 12-31-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mexico MO

18. (a) Signature of funeral director W H Schlicher

(b) Address St James MO

19. (a) 12-30-1943 (b) Charles Beckwith  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MO (b) County Phelps  
(c) City or town St James Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. 1 years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 12 day 30  
year 1943 hour 8 00 minute 0 M.

21. I hereby certify that I attended the deceased from March 1943 to Dec 30 1943  
that I last saw him alive on Dec 30 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza Duration 5 days

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

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

Other conditions Chronic Myocarditis 3 yrs  
(Include pregnancy within 3 months of death)

Major findings: Of operations 93d

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

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 William H Brewer (M. D. or other) \_\_\_\_\_  
Address St James, MO Date signed 12/31/43

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

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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 by \_\_\_\_\_  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed W. L. Leckler

Licensed Embalmer No. 1970

P. O. Address St James 411

**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, above space should be left blank.**