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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43412**

FILED JAN 6 1944
Registration District No. **280**

Primary Registration District No. **442FI**

Registrar's No. **48**

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

1. PLACE OF DEATH:

(a) County Platte

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 40 years
years, months or days (Specify whether)

3. (a) PRINT FULL NAME George Coleman

3. (b) If veteran, name war No.

3. (c) Social Security No. _____

4. Male 5. Color Black 6. (a) Single, widowed, married, divorced 1 Married

6. (b) Name of husband or wife Mary Andrews Coleman 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased March 3 1887
(Month) (Day) (Year)

8. AGE: Years 56 Months 9 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Leavenworth Kear
(City, town, or county) (State or foreign country)

10. Usual occupation Rock Quarries

11. Industry or business laborer

MOTHER FATHER

12. Name Simon Coleman

13. Birthplace Little Rock Arkansas
(City, town, or county) (State or foreign country)

14. Maiden name Katy Miller

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

16. (a) Informant Mrs. Mary Coleman

(b) Address Parkville - Sen Del

17. (a) Burial (b) Date thereof Dec 10 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parkville Mo

18. (a) Signature of funeral director Leland A. Francis

(b) Address Parkville Mo

19. (a) 12-10-43 (b) Mrs. Clay Hillee
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Platte **83**

(c) City or town Parkville 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 _____

MIC-8-830A MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8
year 1943 hour 8 minute 30 AM

21. I hereby certify that I attended the deceased from April 10
_____ 1943, to Dec 7 1943
that I last saw him alive on Dec 7 1943
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Branchial Pneumonia</u>	<u>4 days</u>
Due to <u>central pneumonia long standing nephritis</u>	
Due to <u>and hypertension</u>	

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

Major findings: Of operations _____

Of autopsy _____

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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 T. Lambart (M. D. or other) Mo

Address Parkville Mo Date signed 12-1-43

RECEIVED

District Health Officer No. Platt
District File Number 1-44-10
Date Filed 1-3-44

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 ME
....., Registered Apprentice No.
working under my personal supervision.

Signed L. H. Francis

Licensed Embalmer No. 3451

P. O. Address Parkville 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.