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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 20 1944

Registration District No. 20

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4395

State File No. 3831

Registrar's No. 25

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

77
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0

1. PLACE OF DEATH:
(a) County Ozark
(b) City or town Gainesville (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 Life time years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ozark
(c) City or town Gainesville (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.? ✓ years.

3. (a) PRINT FULL NAME Sally S. Coffey
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Fr
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Perry Coffey
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 26 (Day) 1857 (Year)

8. AGE: Years 86 Months 7 Days ✓ If less than one day hr. min.

9. Birthplace Ozark (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business
FATHER
12. Name Stephan Sanders
13. Birthplace Ind (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ann Foster
15. Birthplace unknown (City, town, or county) Ky (State or foreign country)
16. (a) Informant Fay Mahan
(b) Address Gainesville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 29-43 (Month) (Day) (Year)
(c) Place: burial or cremation Mammoth Cemetery
18. (a) Signature of funeral director McClure Funeral Home
(b) Address Gainesville Mo
19. (a) 12-29-43 (Date received local registrar) (b) Margaret Hutchison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 26th day year 1943 hour 9.30 minute A M.
21. I hereby certify that I attended the deceased from December 17, 1943, to Dec 26, 1943 that I last saw her alive on Dec 25, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Influenza	9 days
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death) 33a	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury 2
23. Signature M J Hoerman (M. D. or other) WD
Address Gainesville, Mo Date signed 12/26/43

1008 (Licensed Embalmer's Statement on Reverse Side)

RECEIV[illegible]
District [illegible] Office No. 6
District File [illegible] 144-60
Date Filed JAN 17 1944

This Body was Not Embalmed as Request of Family

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 Lawrence L. Hall

Licensed Embalmer No. 2784

P. O. Address Gainesville M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.