

FILED FEB 11 1944

Registration District No.

Primary Registration District No. 6180

Registrar's No.

1. PLACE OF DEATH:

(a) County Sullivan

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

(c) Name of hospital or institution:
on farm - Browning address
(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 _____ (Specify whether)

years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sullivan ¹⁰⁵

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. on farm - near Browning
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME John Allen Coffman

(b) If veteran, name war no

(c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 24 year 1943 hour 4 minute 30 P. M.

4. Sex Male 5. Color or race W

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Flurence

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: 7-10-1849
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 15, 1943 to Dec 23, 1943 that I last saw him alive on Dec 23, 1943 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

94 10 14 hr. _____ min.

Immediate cause of death Influenza

Due to _____

Due to _____

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

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

10. Usual occupation Farmer

Major findings: myocarditis

Of operations _____

Of autopsy _____

PHYSICIAN 9321

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER

12. Name Jacob Coffman

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

14. Maiden name Riesa Carback

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

16. (a) Informant J. S. Coffman

(b) Address Browning Mo.

17. (a) Burial (b) Date thereof 12-26-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Baker Cem.

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? _____

18. (a) Signature of funeral director Glenn E. Feutso

(b) Address Green City Mo.

19. (a) Jan 28 - 43 (b) Luys S. Shaw - deputy
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature J.R. Martin (M. D. or other)

Address Browning Mo Date signed Dec 28 43

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

005

RECEIVED

District Health Officer No. 10

District File Number 2-44-429

Date Filed FEB 10 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 Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Green Lake, Wis

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.