

State File No. _____

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 31a

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
In this community 40 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 201 N. Washington Ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Warden L. Coffman

3. (b) If veteran, name war none 3. (c) Social Security No. unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lydia Coffman 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 7, 1881
(Month) (Day) (Year)

8. AGE: Years 62 Months 10 Days 5 If less than one day hr. _____ min. _____

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

10. Usual occupation Milk and Dairy Inspector

11. Industry or business City departments

MOTHER { 12. Name unknown
FATHER { 13. Birthplace unknown 9
14. Maiden name unknown
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lydia Coffman

(b) Address 201 N. Washington, Joplin, Mo

17. (a) burial (b) Date thereof 2/15/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial

18. (a) Signature of funeral director PARKER-HUNSAKER

(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 2-15-44 (b) Gutierrez
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 12
year 1944 hour 9 minute 50 A.M.

21. I hereby certify that I attended the deceased from 2-1-, 1944 to 2-12, 1944
that I last saw him alive on 2-11-44 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

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? _____

While at work? (Specify type of place) (e) Means of injury _____

23. Signature W. E. Keimery, M.D. (M. D. or other) _____

Address 311 Turner Bank Date signed 2-15-44

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

19
2
5

44-2-164

JUL 16 1944

JUL 18 1944

344

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 F. M. Jones.....

Licensed Embalmer No. 2319.....

P. O. Address Joplin 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.