

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

1. PLACE OF DEATH: Boone  
 (a) County Boone  
 (b) City or town Columbia  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 424 N. South Ave  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution  
 In this community about 78 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Boone  
 (c) City or town Columbia  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 424 N. South Ave  
 (If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIAM COLEMAN  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 1 day 30  
 year 1944 hour 2:30 minute 9 M.  
 21. I hereby certify that I attended the deceased from 1-9 1944  
 to 1-30 1944  
 that I last saw him alive on 1-22 1944  
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race negro  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Nannie Coleman  
 6. (c) Age of husband or wife if alive 52 years  
 7. Birth date of deceased about 1866  
 (Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage Duration 1 mo.  
 Due to Arterio Sclerosis

8. AGE: Years about 78 Months - Days -  
 If less than one day hr. min.

Due to \_\_\_\_\_  
 Other conditions 83d  
 (Include pregnancy within 3 months of death)

9. Birthplace Boone Co. Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Minister  
 11. Industry or business Churches  
 12. Name unknown  
 13. Birthplace unknown  
 (City, town, or county) (State or foreign country)  
 14. Maiden name unknown  
 15. Birthplace unknown  
 (City, town, or county) (State or foreign country)

Major findings: None  
 Of operations None  
 Of autopsy None  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Nannie Coleman  
 (b) Address Columbia Mo.

17. (a) Burial (b) Date thereof 2-2-1944  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Springfield Mo.

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence No  
 (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 Edward P. Parker  
 (b) Address Columbia Missouri  
 19. (a) 3-5-1944 (b) E. Anna H. Barber  
 (Date received local registrar) (Registrar's signature)

While at work? No (Specify type of place) (c) Means of injury \_\_\_\_\_  
 23. Signature W. D. Hyatt (M. D. or other) M.D.  
 Address Columbia Mo. Date signed 2-19-44

RECEIVED

District Health Officer No. 9,

District File Number \_\_\_\_\_

Date Filed 4-20-44

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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 Stuart P. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia 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.