

FILED AUG 30 1944

Registration District No. **3021**

Primary Registration District No. **3021**

Registrar's No. **279**

1. PLACE OF DEATH:

(a) County **Stunley**  
(b) City or town **Trouton**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Maple St.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Mercer 65**  
(c) City or town **Prud**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Mill Stone**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Mary Olive Coleman**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married **2** divorced **Widowed**  
6. (b) Name of husband or wife **Joe Coleman** 6. (c) Age of husband or wife if alive **1837**  
7. Birth date of deceased **April 10 1877**  
(Month) (Day) (Year)

8. AGE: Years **67** Months **3** Days **3** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Unknown** **Ill**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **None**

12. Name **Martin England**  
13. Birthplace **Unknown** **Norway**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Gula Kustson**  
15. Birthplace **Unknown** **Norway**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Jewell Coleman**  
(b) Address **Mill Stone MO**

17. (a) **Prud** (b) Date thereof **7-17-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Prud, Mercer Co. MO**

18. (a) Signature of funeral director **School's funeral Home**  
(b) Address **Prud MO**

19. (a) **7-19-44** (b) **D. Roberts**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **15**  
year **1944** hour **9** minute **35 P.** M.

21. I hereby certify that I attended the deceased from **about**  
**June 15** 19**44** to **July 15** 19**44**  
that I last saw her alive on **July 15** 19**44**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardio Vascular Prud**  
**Disease** **2 yrs**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions **Diabetes Meli**  
(Include presence within 3 months of death) **3 yrs**

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **61**

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 **E. A. Ruffey** (M. D. or other)  
Address **Prud MO** Date signed **July 17 1944**

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

MOTHER FATHER

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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.....

*Ross Wise*

Licensed Embalmer No.....

*3771*

P. O. Address.....

*Spinkard 770*

**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.**