

No. 2  
4-5-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED SEP 6 1944**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28541

Registration District No. 280

Primary Registration District No. 5964

Registrar's No. 12

1. PLACE OF DEATH:  
(a) County Platte County  
(b) City or town Jacksonville, Missouri  
(c) Name of hospital or institution:  
Rural - Pettis Twp 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 28 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Platte  
(c) City or town Jacksonville  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural (If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Virginia Ringo Coffey  
(b) If veteran, name war no  
(c) Social Security No. 200

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Aug day 16 year 1944 hour 12 minute 30 P M.  
21. I hereby certify that I attended the deceased from March 12, 1943, to August 16, 1944.  
that I last saw h. alive on August 16, 1944 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color, or race White  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Dr. Wm H. Coffey 6. (c) Age of husband or wife if alive 81 years  
7. Birth date of deceased October 12 - 1865  
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage Duration 1 day  
Due to Generalized arterio-sclerotic vascular disease 3 years  
Due to auricular flutter 2 years  
Other conditions (include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
78 10 4 hr. min.

PHYSICIAN  
Major findings: ASa  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Dr. John Ringo

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

14. Maiden name Virginia Belle Sherman

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

16. (a) Informant Claudette Coffey  
(b) Address 443 W. 68th St. Kansas City, Mo

17. (a) Burial (b) Date thereof Aug 19 - 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McNair Cemetery  
18. (a) Signature of funeral director Dr. H. J. McComber  
(b) Address 1481 Bush Creek Blvd

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) (e) Means of injury 0  
23. Signature Graham Asher (M. D. or other) M.D.  
Address 11220 Raymond St Date signed 8-15-44

19. (a) 8-19-44 (b) Mrs. Clay Liffa  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

DEC 4 1946

OCT 27 1944

RECEIVED  
District Health Officer No. \_\_\_\_\_  
District File Number \_\_\_\_\_  
Date Filed \_\_\_\_\_

APR 7 1948

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 \_\_\_\_\_

Licensed Embalmer No. *Emile M. Calhou*

P. O. Address *3506 K.E. no.*

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.