S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 29 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37184

Registration District No. 42 Primary Registration District No. 1200 Registrar's No. 1174

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Joseph's Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 da (Specify whether
In this community 25 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 804 N 13th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary H. Coughlan
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Robert James Coughlan
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 11 (Day) 1853 (Year)

8. AGE: Years 91 Months 6 Days 10 If less than one day hr. min.

9. Birthplace Willowbrook (City, town, or county) Mo (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name Joseph Mathers
13. Birthplace Ohio (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name Sarah Underwood
15. Birthplace unknown (City, town, or county) Indiana (State or foreign country)
16. (a) Informant Mrs Lillian Amos
(b) Address St Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/25/44 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Moro Cem
18. (a) Signature of funeral director Heaton-BeGole & Bowman Funeral Home
(b) Address St Joseph, Mo.
19. (a) 11/25/44 (Date received local registrar) (b) Helen I Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21
year 1944 hour 5 minute 20 A M.
21. I hereby certify that I attended the deceased from 10/1/43, 19..., to 11/20/44, 19...;
that I last saw her alive on 11/20/44, 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	2 da
Due to chronic myocarditis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93d	
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?
(Specify type of place)
While at work? (e) Means of injury 0
23. Signature W. M. Tootheker MD (M.D. or other)
Address Kirk Patrick Bldg Date signed 11/21/44

(Licensed Embalmer's Statement on Reverse Side)

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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 Robert H. Gapp

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.