S. No. 2
M—9-4-41
7. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38259

State File No.

FILED DEC 13 1944

Registration District No. Primary Registration District No. 4302 Registrar's No. 136

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

59
0
0

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Livingston
(c) City or town Chula. (If outside city or town limits, write "RURAL") 59
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country D

3. (a) PRINT FULL NAME James M. Coltrane.
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Male P
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Trenna Bell Cotrane
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
66	8	28	hr. min.

9. Birthplace Livingston County (City, town, or county) MO D (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
FATHER
12. Name William Coltrane. 1
13. Birthplace No. Carolina. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Aldelphia Olvey
15. Birthplace Crowford Co Indiana. 1 (City, town, or county) (State or foreign country)
16. (a) Informant Odetta Matthews
(b) Address 604 So. 2nd. Billings Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 15 1944 (Month) (Day) (Year)
(c) Place: burial or cremation May Cemetery.
18. (a) Signature of funeral director G. M. Robertson
(b) Address Laclede Mo
19. (a) Nov 15 (Date received local registrar) (b) Lou Ella Curry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11th year 1944 hour 9:00 AM minute M.
21. I hereby certify that I attended the deceased from 9:00 a.m. Nov. 10 19 44, to 9:00 AM. Nov 11 19 44 that I last saw him alive on Nov 11 19 44 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	
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? (Specify type of place)
While at work? (e) Means of injury 2
23. Signature Dr. W. H. Payne (M. D. or other) D.O.
Address Chula Mo Date signed Nov 14-44

458 (Licensed Embalmer's Statement on Reverse Side)

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 John M. Robertson

Licensed Embalmer No. 4388

P. O. Address Laredo Me

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.