. S. No. 2
DM—8-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1944

Registration District No. 223

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4934

State File No. 38362

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Moniteau Co

(b) City or town Latham, Mo, ~~Pilot Grove~~
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Latham
(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 Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau

(c) City or town Latham, Mo,
(If outside city or town limits, write "RURAL")

(d) Street No. Latham
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Sarah Jane Coffelt

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April (Month) 27 (Day) 1857 (Year)

8. AGE: Years 87 Months 6 Days 23 If less than one day hr. min.

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

10. Usual occupation House Keeper

11. Industry or business

FATHER
12. Name UnKnown
13. Birthplace UnKnown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Un Known
15. Birthplace UnKnown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs E.C. Jennison
(b) Address Latham Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 21, 44 (Month) (Day) (Year)

(c) Place: burial or cremation High Land Cemt

18. (a) Signature of funeral director Bowlin Funeral Home
(b) Address California, Mo.

19. (a) Nov 21 (Date received local registrar) (b) Mrs N. J. Sullivan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19 year 1944 hour 12/35 minute P M.

21. I hereby certify that I attended the deceased from Nov 4 1944, 19, to Nov 19, 19 44 that I last saw h er alive on Nov 15, 19 44 and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Impaction 2 wks and Post Pneumonic Asthenia. — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) Anterio Sclerosis and Hypertension

Major findings:
Of operations None
Of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

109.1

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

23. Signature Edgar A. Tibbs (M. D. ~~or other~~)

Address California Mo. Date signed 11/21

869

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9

District File Number _____

Date Filed 12-4-44

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 me, Registered Apprentice No. _____, working under my personal supervision.

Signed Earl R. Boulin

Licensed Embalmer No. 2126

P.O. Address Salisaria, 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.