

FILED JAN 15 1945
Registration District No. 1945

Primary Registration District No. 4432

State File No. _____

Registrar's No. 90

1. PLACE OF DEATH:

(a) County Putnam
(b) City or town Lucerne, Mo.
(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 _____ (Specify whether)
In this community All his Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Putnam 86
(c) City or town Lucerne, Mo. 0
(If outside city or town limits, write "RURAL.") 0
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Marion O. Coddington

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lillie Coddington 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased July 30 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 4 18 _____ hr. _____ min.

9. Birthplace Putnam Co., Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business _____
12. Name D. H. Coddington
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Emma Roberts
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lillie Coddington
(b) Address Lucerne, Mo.
17. (a) Burial (b) Date thereof 12-21-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Powersville Mo.

18. (a) Signature of funeral director Martin Funeral Home
(b) Address Princeton, Mo.
19. (a) _____ (b) _____
(Date received local report) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 18th day December
year 1944 hour 8 AM minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Suicide shot himself in head with a 022 Caliber Rifle

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration _____
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) Suicide with rifle
(b) Date of occurrence Dec 18 1944
(c) Where did injury occur? at Home Lucerne Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in _____, in public place?
Home

While at work? _____ (Specify type of place)
(e) Means of injury AP 3

23. Signature Walter H. Clark (M. D. or other) AP 3
Address 1817 Union Union Mo. Date signed Dec 19 1944

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

MOTHER FATHER

1099

Mo 44

RECEIVED

District Health Officer No. 10

District File Number 1-45-144

Date Filed JAN 12 1945

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 *H. Ivan Martin*.....

Licensed Embalmer No. 3760

P. O. Address *Parsippany, N.J.*

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.