

Registration District No. **59**

Primary Registration District No. **4102**

1. PLACE OF DEATH:

(a) County **Cass**  
(b) City or town **Craigton Mo**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **NONE**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1**  
(Specify whether  
In this community **60 YRS**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cass** **19**  
(c) City or town **Paris** **0**  
(If outside city or town limits, write "RURAL") **9**  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **JOSEPH-M-COLEMAN**

3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **NONE**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**  
6. (b) Name of husband or wife **LIZZIE COX** (c) Age of husband or wife if over \_\_\_\_\_ years

7. Birth date of deceased **March 16 1876**  
(Month) (Day) (Year)

8. AGE: Years **78** Month **8** Days **6** If less than one day hr. min.

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

10. Usual occupation **FARMER**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **DABNEY COLEMAN**  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name **Salie Gardner**  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant **MRS-NORMAN-RANDOL**  
(b) Address **CRAIGHTON MO.**

17. (a) **Burial** (b) Date thereof **Dec. 4-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **BYLER-CEMETRY**

18. (a) Signature of funeral director **J. M. Kauffman**  
(b) Address **Garden City Mo**

19. (a) **Jan. 4, 1945** (b) **Margaret Velle**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec 2** Day **1944** year **1944** hour **5** minute **50** M.

21. I hereby certify that I attended the deceased from **Nov 26** \_\_\_\_\_, 19**44** to \_\_\_\_\_, 19\_\_\_\_.

(that I last saw \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.)

Immediate cause of death \_\_\_\_\_

**Cerebral apoplexy**

Due to \_\_\_\_\_

Due to **938**

Other conditions \_\_\_\_\_ (Includes 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **E. M. Guiffre** (M. D. or other) \_\_\_\_\_  
Address **Harrisonville** Date signed **Dec 2/44**

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

**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

*J. B. Kaufman*

Licensed Embalmer No. *1080*

P. O. Address *London City, 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.**