S. No. 2
M—8-43
7. 5-17-39
Ser I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1945

Registration District No. 297

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5786

State File No. 6874

Registrar's No. 6

1. PLACE OF DEATH:

(a) County: Mississippi

(b) City or town: Charleston (rural) (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R#3 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: All Of Life (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Miss. 67

(c) City or town: Charleston (rural) (If outside city or town limits, write "RURAL")

(d) Street No.: R#3 (If rural, give location)

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

If yes, name country: None

3. (a) PRINT FULL NAME: Willie Robert Coleman

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: M

5. Color or race: Colored

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: Year Of 1939 (Month) (Day) (Year)

8. AGE: Years: 5 Months: Days: If less than one day: hr. min.

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

10. Usual occupation: Child

11. Industry or business:

FATHER 12. Name: Simon Coleman

FATHER 13. Birthplace: Dumas (City, town, or county) Ark. (State or foreign country)

MOTHER 14. Maiden name: Bernice Bynum

MOTHER 15. Birthplace: N.K. (City, town, or county) Miss. (State or foreign country)

16. (a) Informant: Simon Coleman

(b) Address: R#3 Charleston, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-1-45 (Month) (Day) (Year)

(c) Place: burial or cremation: Oak Grove Charleston, Mo.

18. (a) Signature of funeral director: John F. Nunnelee Jr.

(b) Address: Charleston, Mo

19. (a) 1/1/45 (Date received by local registrar) (b) Mrs Lou Moore (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: December day: 31st year: 1944 hour: 5 minute: 30 P.M.

21. I hereby certify that I attended the deceased from (Attended As Coroner) 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Burned to ashes in fire of residence

Due to: This little fellow ran back into house after his piggy bank he received for Xmas and never came out.

Other conditions: none (Include pregnancy within 3 months of death)

Major findings: Of operations: none

Of autopsy: none

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): Accident

(b) Date of occurrence: 1/31/44

(c) Where did injury occur? Residence (City or town) Charleston (County) Miss. (State) Mo.

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home (Specify type of place)

While at work? — (e) Means of injury: 3

23. Signature: John F. Nunnelee Jr. Coroner (M. D. or other)

Address: Charleston, Mo Date signed: 1/1/45

1257

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 245-214
Date Filed 2-15-45

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.

not embalmed.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.