S. No. 2
M—5-43
. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 17 1945

THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 12987

Registration District No. 44 Primary Registration District No. 4062 Registrar's No.

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

**1. PLACE OF DEATH:**
(a) County Caldwell
(b) City or town Cowgill
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nearl
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 1 10
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Mo (b) County Caldwell
(c) City or town Cowgill 13
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Forest C. Coffman
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 Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 30 (Day) 1871 (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---|---|---|---|---|
| | 73 | 7 | 27 | hr. min. |

9. Birthplace Caldwell Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Farmer Retired, Minister
11. Industry or business
FATHER
12. Name John Coffman
13. Birthplace Fairfield Co Ohio (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Amanda M. Walters
15. Birthplace Fairfield Ohio (City, town, or county) (State or foreign country)
16. (a) Informant L. W. Coffman
(b) Address Cowgill, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-29-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Cowgill Mo
18. (a) Signature of funeral director CA & XA Reed
(b) Address Cowgill, Mo.
19. (a) (Date received local registrar) (b) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 27th year 1945 hour About 3 minute P. M.
21. I hereby certify that I attended the deceased from ——, 19—, to ——, 19—; that I last saw h—, alive on ——, 19—, and that death occurred on the date and hour stated above.

Immediate cause of death: Died With Out Medical Attention Found dead in Cemetery.
Due to
Might Have been exertion and death Have been caused by Heart attack.
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)
(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 E. P. Michael Coroner (M. D. or other)
Address Braymer, Mo. Date signed 3/27/45

1151

(Licensed Embalmer's Statement on Reverse Side)

APR 17 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 .....

Licensed Embalmer No. 2194

P. O. Address Carrollton, 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.**

S. No. 2B
M—5-43
I X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. ( ) Primary Registration District No. ( ) Registrar's No.

**1. PLACE OF DEATH:**

(a) County Caldwell

(b) City or town Cowgill
(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 (Specify whether
In this community life
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Caldwell

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

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

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

If yes, name country

**3. (a) PRINT FULL NAME** Forest C. Coffman

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 30 (Day) 1871 (Year)

8. AGE: Years 73 Months 7 Days 27 If less than one day hr. min.

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

10. Usual occupation Farmer Retired

11. Industry or business Minister

FATHER
12. Name John Coffman
13. Birthplace Fairfield Co. (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Amanda M. Walters
15. Birthplace Fairfield (City, town, or county) Ohio (State or foreign country)

16. (a) Informant T. W. Coffman
(b) Address Cowgill, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-29-45 (Month) (Day) (Year)
(c) Place: burial or cremation Cowgill, Mo

18. (a) Signature of funeral director Ca & La Reed
(b) Address Cowgill Mo

19. (a) 4/14/45 (Date received local registrar) (b) J. L. Walker (Registrar's signature)
Deputy

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March Day 27
year 1945 hour minute M.

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

Immediate cause of death Died with out medical attention. Found dead in cemetery

Due to might have been exertion and death has been caused

Due to by heart attack.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

950

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)

(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 E. P. Michael (M. D. or other) Coroner

Address Braymer, Mo Date signed 3/27/45

SUPPLEMENTARY

12987