S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 9 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24722

Registration District No. 285 Primary Registration District No. 5976 Registrar's No.

1. PLACE OF DEATH:

(a) County Polk

(b) City or town Walnut Grove, Rr
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural Jackson township !
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether
In this community over 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84

(c) City or town Walnut Grove 0
(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

3. (a) PRINT FULL NAME Frances Isalene Coats

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife

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

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

8. AGE:

Years	Months	Days	If less than one day
88	3	23	hr. min.

9. Birthplace green Co Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation Hwd

11. Industry or business

FATHER
12. Name Alexander Davis
13. Birthplace (City, town, or county) Tenn ! (State or foreign country)

MOTHER
14. Maiden name Levina Jane Baker
15. Birthplace (City, town, or county) Virginia ! (State or foreign country)

16. (a) Informant H. B. Coats
(b) Address Eudora, Missouri

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 9-2-45 (Month) (Day) (Year)
(c) Place: burial or cremation Turkey Creek

18. (a) Signature of funeral director Gene A. Brim
(b) Address Walnut Grove, Missouri

19. (a) Aug-1-1945 (Date received local registrar) (b) Rose Stewart (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July day 30 year 1945 hour 6 minute 45 p M.

21. I hereby certify that I attended the deceased ~~from~~ on , 19 to June 27, 1945; that I last saw her alive on June 27, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to Had been in coma for months also

Due to bed fast

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 0

23. Signature J. H. Barber M.D. (M. D. or other)

Address Walnut Grove, Mo. Date signed 8-4-1945

1110 (Licensed Embalmer's Statement on Reverse Side)

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.....

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.

S. No. 2B
M—3-45
1 X43880

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

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State File No.

Registration District No. 285 Primary Registration District No. 5976 Registrar's No.

1. PLACE OF DEATH:

(a) County Polk

(b) City or town Rural Jackson Twp
(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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Frances J. Coats

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Marian Coats

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

7. Birth date of deceased Apr (Month) 7 (Day) 85 (Year)

8. AGE: Years 88 Months 3 Days 22 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) Rose Stewart (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July 30
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.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include 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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

S-24722