V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 7 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27268

Registration District No. 108 Primary Registration District No. 5423 Registrar's No. 103

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

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Arbyrd, Mo. Salem Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home
(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 Arkansas Missouri (b) County Dunklin

(c) City or town Arbyrd,
(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 Charles N. Coburn

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

4. Sex M C 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Maud 6. (c) Age of husband or wife if alive 51 years

Arbyrd, Mo.

7. Birth date of deceased Jan. 8 1890
(Month) (Day) (Year)

8. AGE: Years 55 Months 6 Days 25 If less than one day ..... hr. ..... min.

9. Birthplace Chester Co. Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired office clerk

11. Industry or business .....

FATHER
12. Name Job Coburn
13. Birthplace Chester Co. Tenn.
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. C. N. Coburn
(b) Address Arbyrd, Mo.

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

18. (a) Signature of funeral director R. S. Croft #664 Farmers Union F. Home
(b) Address Jonesboro, Arkansas

19. (a) 8/12-1945 (Date received local registrar) (b) H. O. Stein (Registrar's signature)

1296

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 3- 1945
year ..... hour 3 P.M. minute ..... M

21. I hereby certify that I attended the deceased from Aug 3 1945 to Aug 3 1945
that I last saw h..... alive on Aug 3 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to Coronary Dis.

Due to Arterio-Sclerosis

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)

Whilst at work? ..... Means of injury .....

23. Signature E. Cope Mo. (M. D. or other)

Address Hornersville Date signed 8/5/45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 945-2969
Date Filed 9-4-45

SEP 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 .....

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 stated above.