

FILED SEP 13 1945

Registration District No.

Primary Registration District No. 5770 4353

Registrar's No. 12

1. PLACE OF DEATH:

(a) County New Madrid

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

(c) Name of hospital or institution: Home 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 6 year years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County New Madrid

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

(d) Street No. 6
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME UNA BECK COLEMAN

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 22
year 1945 hour 8 minute A 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.

4. Sex 21 5. Color or race W

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

6. (b) Name of husband or wife Mr. C. Coleman

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased July 10 1899
(Month) (Day) (Year)

Immediate cause of death _____ Duration _____

Burned to death in
Due to home explosion in
starting fire with oil
Due to _____

Other conditions (Includes pregnancy within 3 months of death) _____

8. AGE: Years 46 Months 1 Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

Major findings: Of operations _____

Of autopsy No

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Bill Guthrie

13. Birthplace Hardin Co. Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Corrie Cortney

15. Birthplace John
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. C. Coleman

(b) Address Gideon MO

17. (a) Burial (b) Date thereof Aug 23 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stanfield Cemetery

18. (a) Signature of funeral director Lloyd Russell

(b) Address Fuggott Ark.

19. (a) Aug 21 1945 (b) _____
(Date received at local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence Aug 22-1945

(c) Where did injury occur? New Madrid Mo.
(City or town) (County) (State)

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

While at work? yes (e) Means of injury Coroner

23. Signature Edo H. Guthrie (Dr.-D. or other)
Address New Madrid Mo Date signed 8/22-45

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

RECEIVED

District Health Office No. 2

District File Number 945-3018

Date Filed 9-11-85

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.