V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2215

FILED FEB 7 1946

Registration District No. 437

Primary Registration District No. 3007

Registrar's No. 29

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

228

1. PLACE OF DEATH:

(a) County BUTLER

(b) City or town POPLAR BLUFF (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 32 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUTLER

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

(d) Street No. — Pike St (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ROSE ETTA COLEMAN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife Wm A COLEMAN

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased MAR (Month) 11 (Day) 1877 (Year)

8. AGE: Years 68 Months 10 Days 9 If less than one day hr. min.

9. Birthplace CHRISTIAN CO (City, town, or county) KY (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

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

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

16. (a) Informant Wm A. Coleman
(b) Address Gen Del Poplar Bluff MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 11 1946 (Month) (Day) (Year)
(c) Place: burial or cremation DUNNING Cem

18. (a) Signature of funeral director N. T. Phelps
(b) Address Poplar Bluff MO

19. (a) 1-24-46 (Date received local registrar) (b) R H Menetrie (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 20 year 1946 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw her alive on January 19, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death — Cardiac Failure —	
Due to Paraplegia (RX)	?
Due to Cerebral Apoplexy	?
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 Frank E Smelle (M. D. or other) M.D.

Address Poplar Bluff MO Date signed 1/23/46

35 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 246-153
Date Filed 2-4-46

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 N. T. Phelps

Licensed Embalmer No. 3231

P. O. Address Poplar Bluff 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.