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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. 5204

FILED MAR 15 1946

Registration District No. 120

Primary Registration District No. 4194

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Henry

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

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

(d) Length of stay: In hospital or institution..... (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry 30

(c) City or town Albany 10
(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 Dallas Green Coulter

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 Married

6. (b) Name of husband or wife Mary N. Armstrong 6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased Dec 15 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

90 1 29 hr. _____ min.

9. Birthplace Meigs Co. Ohio-1
(City, town or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name Abraham Coulter

13. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Hannah Hampton

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

16. (a) Informant Mrs Dallas Coulter

(b) Address Albany, Mo

17. (a) Burial (b) Date thereof 2/17/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graveside

18. (a) Signature of funeral director Clifford Brink

(b) Address Albany Mo

19. (a) July 17-1946 (b) Lester W. White
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13
year 1946 hour 11 minute 10 A.M.

21. I hereby certify that I attended the deceased from Jan 15 1946 to Feb 10 1946
that I last saw him alive on Feb 10 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Endocarditis 1782

Due to _____

Due to _____

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

Major findings: Of operations _____ Of autopsy 9/18

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature C. J. Pray (M. D. or other) 2
Address Albany, Mo Date signed 2-14-46

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

MOTHER, FATHER

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed

Alfred B. Borch

Licensed Embalmer No. 3329

P. O. Address

Albany, 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.