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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5222

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 147

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2
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4219

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

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: 855- S. Main (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 Mo. (b) County Greene 39

(c) City or town Springfield (If outside city or town limits, write "RURAL") 2

(d) Street No. 855- S. Main (If rural, give location) 6

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William Coker

3. (b) If veteran, name war UNK.

3. (c) Social Security No. UNK.

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of husband or wife UNK.

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

7. Birth date of deceased Sept- (Month) 25- (Day) 1869 (Year)

8. AGE: Years 76 Months 4 Days 15 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace UNK. (City, town, or county) UNK. 9 (State or foreign country)

MOTHER
14. Maiden name UNK.
15. Birthplace UNK. (City, town, or county) UNK. 9 (State or foreign country)

16. (a) Informant Ed Coker

(b) Address 855- S. Main, Spfd., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-13-46 (Month) (Day) (Year)

(c) Place: burial or cremation Haslewood

18. (a) Signature of funeral director H. V. Smith

(b) Address 702- N. Jefferson, Spfd., Mo.

19. (a) 2-13-46 (Date received local registrar) (b) S. W. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10 year 1946 hour 9 minute 30 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.

	Duration
Immediate cause of death: Myocardial failure	3 weeks
Due to: Generalized Arteriosclerosis	20 yrs
Due to: Age	
Other conditions: none (Include pregnancy within 3 months of death)	
Major findings: Of operations: none	
Of autopsy: None	

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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)

Work at work? (e) Means of injury 0

23. Signature R. C. Conrad (M. D. or other) M.D.

Address Springfield, Mo. Date signed 2-11-46.

(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 Herbert D. Smith

Licensed Embalmer No. 4286

P. O. Address Springfield

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.

X