

FILED MAY 8 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 42

Primary Registration District No. 5131

Registrar's No. 426

1. PLACE OF DEATH: Buchanan

(a) County Buchanan

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

(c) Name of hospital or institution: Route # 1 Agency (Tremont Twsp.)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Most of her life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Susanna Funderburg Coffman

3. (b) If veteran, name war _____

3. (c) Social Security No. NONE

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband James Coffman 6. (c) Age of husband 72 if alive _____ years

7. Birth date of deceased May 26, 1859
(Month) (Day) (Year)

8. AGE: Years 86 Months 10 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Gentry County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name H. H. Akes

13. Birthplace Bates County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Emily Sego

15. Birthplace Gentry County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emily Powell

(b) Address Route #1, Agency, Missouri

17. (a) Burial (b) Date thereof April 1, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director Mrs. E. B. Battenfeld

(b) Address 602 South 10th Street

19. (a) Apr. 16, 1946 (b) H. F. Mundy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. Route # 1 Agency
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31
year 1946 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from Jan 1 1946 to Mar 30th 1946
that I last saw her alive on Mar 30th 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Bronchial pneumonia Duration 3 days

Due to Chronic Bronchial Asthma 2 yrs

Due to _____

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

Major findings: Of operations _____

Of autopsy no 101

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) (e) Means of injury _____

23. Signature H. F. Mundy (M. D. or other) _____

Address 404 So 3rd St. Date signed 4/1/46

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

11230

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 *Mollie E. Sidenfaden Fox*

Licensed Embalmer No. *4235*

P. O. Address *St. Joseph, 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.