. S. No. 2
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ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14111

FILED MAY 14 1946

Registration District No. 28 Primary Registration District No. 4416 Registrar's No. 86

1. PLACE OF DEATH:
(a) County Platte
(b) City or town Platte City, Mo. ~~Barcelle~~
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Platte 83
(c) City or town Platte City, Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs. Iola Walz Coots
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 widowed
6. (b) Name of husband or wife John W. Coots – deceased
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 7, 1858 (Month) (Day) (Year)
8. AGE: Years 87 Months 11 Days 24 If less than one day hr. min.
9. Birthplace Platte County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation housewife
11. Industry or business housewife
FATHER 12. Name Jacob Funk /
13. Birthplace (City, town, or county) Kentucky (State or foreign country)
MOTHER 14. Maiden name Louisa Overbeck /
15. Birthplace (City, town, or county) Penn. (State or foreign country)
16. (a) Informant John Coots
(b) Address Platte City, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-1-46 (Month) (Day) (Year)
(c) Place: burial or cremation Platte City Cemetery
18. (a) Signature of funeral director Rollins-Mitchell
(b) Address Platte City, Mo.
19. (a) 4-16-46 (Date received local registrar) (b) Mrs. Ophia Rollins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30th year 1946 hour minute M.
21. I hereby certify that I attended the deceased from March 9, 1946, to March 29, 1946; that I last saw her alive on March 29, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Septicemia from bed sores. Chronic myocarditis Chronic arteriosclerosis.	4 mo.
Due to Rheumatoid arthritis	7 yrs
Due to XXXXX	
Other conditions XXXXXX (Include pregnancy within 3 months of death)	

Major findings: Of operations None.
Of autopsy None

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) XXXXX
(b) Date of occurrence XXXX
(c) Where did injury occur? XXXX (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? XXXXX
While at work? XXX (Specify type of place) (e) Means of injury XXX
23. Signature Lewis B. Colvin (M. D.)
Address Weston Missouri Date signed 4/15/46

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(Licensed Embalmer's Statement on Reverse Side)

AUG 22 1946

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Frances M. Siffee

Licensed Embalmer No. 4393

P. O. Address Platte City, 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.