

FILED MAY 17 1946

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 174

Primary Registration District No. 3644

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Lafayette

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

(c) Name of hospital or institution: 2 1/2 mi. E. Lexington
(If not in hospital or institution, write street number or location)

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

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lafayette

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

(d) Street No. 2 1/2 mi. E.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME BENJAMIN F. COEN

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29
year 1946 hour 10 minute 0 M.

21. I hereby certify that I attended the deceased from 27 April
1946 to 29 April, 1946
that I last saw him alive on 29 April, 1946
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife Martha Bardet

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

7. Birth date of deceased: Mar 18 1865
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage Duration _____

Due to Arterial sclerosis

Due to _____

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

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

81 1 11 hr. _____ min. _____

9. Birthplace Lexington MO
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Major findings: Of operations _____

Of autopsy _____ (71)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name John P. Coen 4

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

14. Maiden name not known

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

16. (a) Informant Louis Coen

(b) Address Lexington, MO

17. (a) Burial (b) Date thereof 5-2-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington, MO

18. (a) Signature of funeral director Harold F. Muehl

(b) Address Lexington, MO

19. (a) 13 May 46 (b) Murphy & Eschbrock
(Date received local registrar) (Registrar's signature)

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 O

3. Signature Ben H. Bria (M. D. or other) _____

Address Lexington, MO Date signed 5/1/46

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

4
0
0

16033

Blaske

Health Officer No. 8,
District File Number _____
Date Filed 5-16-46

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 *Geo. McKean*

Licensed Embalmer No. 2983

P. O. Address *Leungton 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.