S. No. 2
M—2-43
5-17-39
I X35537

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

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

FILED JUN 12 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17553

State File No.

Registration District No. 285 Primary Registration District No. 5875 Registrar's No.

1. PLACE OF DEATH:
(a) County Oregon
(b) City or town Alton Moore Twsp.
(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 18 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Oregon 75
(c) City or town Alton (Rural) 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sylvester Ellis Coble
3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex Male 1
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mellie Wilkerson
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased August (Month) 9 (Day) 1876 (Year)
8. AGE: Years 69 Months 8 Days 2 If less than one day hr. min.
9. Birthplace Calloway County (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
MOTHER FATHER
12. Name Albert Coble
13. Birthplace (City, town, or county) Tennessee 1 (State or foreign country)
14. Maiden name America King
15. Birthplace (City, town, or county) Indiana 1 (State or foreign country)
16. (a) Informant Emery Coble
(b) Address Alton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/15/46 (Month) (Day) (Year)
(c) Place: burial or cremation Smyrna Cem.
18. (a) Signature of funeral director Leo Barr
(b) Address Thayer, Mo.
19. (a) 5-28-46 (Date received local registrar) (b) MMWC Johnson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 11 year 1946 hour 5 minute 30 P. M.
21. I hereby certify that I attended the deceased from April 10, 1946, to April 11, 1946, that I last saw h— alive on April 10, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Throat Block	2 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed

203 (Licensed Embalmer's Statement on Reverse Side)

HILTON

RECEIVED
District Health Officer No. 5,
District File Number 646375
Date Filed 6-10-46

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.....

Licensed Embalmer No.....

P. O. Address.....

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.