

S. No. 2
M-8-43
5-17-39
PI X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25961**

FILED AUG 12 1946

Registration District No. **32**

Primary Registration District No. **4500**

Registrar's No. **68**

02
09
24808
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Shelby conty**

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

(c) Name of hospital or institution: **None**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **Entire life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Shelby** **102**

(c) City or town **Leonard**
(If outside city or town limits, write "RURAL") **11**

(d) Street No. _____ (If rural, give location) **11**

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

If yes, name country _____

3. (a) PRINT FULL NAME **Ella Nora Coleman**

3. (b) If veteran, name war **X**

3. (c) Social Security No. **X**

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

6. (b) Name of husband or wife **Deceased** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **March 20th 1860**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **6th**
year **1946** hour **9** minute **A.** M.

21. I hereby certify that I attended the deceased from **1944** to **July 6th**, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Paralytic Ileus** Duration **3 days**

Due to **Intestinal Obstruction**

Due to _____

Other conditions **Essential Hypertension** **10 year**
(Include pregnancy within 3 months of death)

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

86 **3** **16** hr. min.

9. Birthplace **Shelby county Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business _____

Major findings:
Of operations _____

Of autopsy **1222**

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

12. Name **Issac Newton**

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

14. Maiden name **Mary Oaks**

15. Birthplace **Shelby county Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Minnie Coleman**

(b) Address **Leonard, Missouri**

17. (a) **Burial** (b) Date thereof **7-8-1946**
(Burial, cremation, etc.) (Month) (Day) (Year)

(c) Place: burial or cremation **Leonard, Mo.**

18. (a) Signature of funeral director **Million & Barkelew**
Shelbina, Mo.

(b) Address _____

19. (a) **July 22-46** (b) **Paul J. [Signature]**
(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 _____

23. Signature **AD Wright DO** (M., D., or other) **DO**
Address **Leonard Mo** Date signed **7-9-46**

JUL 22 1948

RECEIVED
District Health Officer No. 10
District File Number 8-46-14
Date Filed AUG 10 1948

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..... *CW Hawkins*
Licensed Embalmer No. *3498*
P. O. Address *Helena 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.