

5. No. 2
-8-43
5-17-39
X37823

FILED AUG 21 1946
Registration District No. _____

Primary Registration District No. 4206

Registrar's No. 83

1. PLACE OF DEATH:

(a) County Harrison

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

(c) Name of hospital or institution:
Home in New Hampton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Eighty years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison 41

(c) City or town New Hampton 3
(If outside city or town limits, write "RURAL")

(d) Street No. East part of New Hampton 3
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Wesley Coleman

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
year 1946 hour 8 minute PM

21. I hereby certify that I attended the deceased from July 12th
1946 to July 18th, 1946

that I last saw him alive on July 17th, 1946
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Ella Coleman 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Apr (Month) 9 (Day) 1866 (Year)

Immediate cause of death Carcinoma of Prostate Duration _____

Due to _____

Due to _____

8. AGE: Years: 80 Months: 3 Days: 9 If less than one day hr. _____ min.

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

Major findings: Of operations 516

Of autopsy _____

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

10. Usual occupation Retired Mason

11. Industry or business _____

MOTHER FATHER { 12. Name William J Coleman

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

14. Maiden name Ellen Rowlett

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Ella Coleman

(b) Address New Hampton Mo

17. (a) Burial (b) Date thereof July 21 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Foster Cemetery

18. (a) Signature of funeral director W. S. Hobb

(b) Address New Hampton Mo

19. (a) Aug 1-46 (b) Zola Burris
(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 J. Wilson (M. D. or other) MD
Address New Hampton Mo Date signed July 20

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

**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 ME
....., Registered Apprentice No.
working under my personal supervision.

Signed W G Noble

Licensed Embalmer No. 2964

P. O. Address New Hampton 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.