

S. No. 2
M-5-43
v. 5-17-39
I X36671

32640

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 66

Registration District No. 11

Primary Registration District No. 5039

1. PLACE OF DEATH:

(a) County Barry
(b) City or town "RURAL" Butterfield trap
(If outside city or town limits, write "RURAL" and name of town/ship)
(c) Name of hospital or institution:
3 mi NE of Butterfield
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Most of Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town "RURAL"
(If outside city or town limits, write "RURAL")
(d) Street No. 3 mi NE of Butterfield
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Ezikal COFFMAN

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

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Ina Bell Coffman
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased January 8, 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 8 24 --- hr. --- min.

9. Birthplace Texas Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Trucking

11. Industry or business Truck Driver

MOTHER FATHER { 12. Name J. Charley Coffman
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Nancy L. Wilhite
15. Birthplace Texas Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ina Bell Coffman

(b) Address RFD; Butterfield, Missouri

17. (a) Burial (b) Date thereof 10-6-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Pleasant Cemetery

18. (a) Signature of funeral director Korn Funeral Home
(b) Address Cassville, Missouri

19. (a) Oct 17 - 1946 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 2nd.
year 1946 hour 9:45 minute _____ A. M.
21. I hereby certify that I attended the deceased from June 6
1944 to Oct. 2 1946
that I last saw him alive on Oct. 2 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary hemorrhage
Due to Bronchiectasis Duration 5 yrs

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

Major findings: 106 B
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 J. D. Baldwin (M. D. or other) _____
Address Grady Mo Date signed 10-3-46

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

31470

FEB 3 1947

RECEIVED

District Health Officer No. 6,

District File Number 1046-1096

Date Filed OCI 3.1.1946

NOV 0 1946

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 W. C. Koon

Licensed Embalmer No. 4359

P. O. Address Cassville, 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.