S. No. 2
M—5-43
. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 28 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11 32843

Registration District No. 42 Primary Registration District No. 5134 Registrar's No. 1172

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town "WASH TWSP" St Joseph (RURAL)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R7D#3 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
In this community about 28 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St Joseph (Rural) 0
(If outside city or town limits, write "RURAL")
(d) Street No. "WASH. TWSP" R7D # 3 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME ELDORA-VIRGINIA-COULTER

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased Sept (Month) - 18 (Day) - 1859 (Year)

8. AGE: Years 87 Months 0 Days 28 If less than one day ... hr. ... min.

9. Birthplace Knox Co., (City, town, or county) Ohio (State or foreign country)

10. Usual occupation at home

11. Industry or business —

FATHER
12. Name Moses M Coulter
13. Birthplace unk (City, town, or county) Penn (State or foreign country)

MOTHER
14. Maiden name Mary Elizabeth Dunbar
15. Birthplace unk (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Clifford Brooks
(b) Address Albany Mo

17. (a) R (Burial, cremation, or removal) (b) Date thereof Oct 18 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Brooklyn, Iowa

18. (a) Signature of funeral director Stoney Funeral Home
(b) Address St Joseph Mo

19. (a) 10/19/46 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 16 year 1946 hour 10:30 minute P M.

21. I hereby certify that I attended the deceased from March 11 1946 to Oct 16 1946 that I last saw h. alive on Oct. 12 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis general Chronic Nephritis — Duration

Due to Uremia — 10-5-46

Due to —

Other conditions Fracture of femur (Include pregnancy, contributory conditions) Left hip Total — 2-11-46

Major findings: 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) Accident 101
(b) Date of occurrence March 11, 1946 101
(c) Where did injury occur? St Joseph (City or town) Buchanan (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? no (e) Means of injury fall

23. Signature L. E. Lemon M.D. (M. D. or other)
Address St Joseph, Mo Date signed 9/18/46

34 (Licensed Embalmer's Statement on Reverse Side)

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

31071

OCT 30 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.....John Roy Stamey

Licensed Embalmer No.....2435

P. O. Address.....St. Joseph

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.