

FILED JAN 9 1946
Registration District No. 76

Primary Registration District No. 3002

Registrar's No. 198

4
1
2

35330

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

1. PLACE OF DEATH:
(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1006 E. Love St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Audrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 1006 E. Love St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth Coldwell
(b) If veteran, name war None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 29
year 1946 hour 8 minute 30 A. M.
21. I hereby certify that I attended the deceased from 12-23-40
to 12-29, 1946
that I last saw her alive on 12-16-, 1946
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife William Coldwell (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 20, 1871
(Month) (Day) (Year)

Immediate cause of death
Chronic Hypertension
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: ASD
Of operations _____
Of autopsy _____

Duration 5 yrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>1</u>	<u>9</u>	_____ hr. _____ min.

9. Birthplace Audrain County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER

12. Name Charles Duffen
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Marie Hopka
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marie Torreyson

(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof Dec. 31, 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Benton City, Mo.

18. (a) Signature of funeral director Paul E. Pauls

(b) Address Mexico, Mo.

19. (a) 12/31/46 (b) Blanche Neely
(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) Means of injury 0

23. Signature Charles J. Garrow (M. D. or other)
Address Clinton, Mo. Date signed 12/31/46

RECEIVED
District Health Officer No. 10
District File Number 1-47-48
Date Filed JAN - 7 1947

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.....

Earl E. Procht....., Registered Apprentice No.....

working under my personal supervision.

Signed Earl E. Procht.....

Licensed Embalmer No. 3189.....

P. O. Address Mexico, 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.