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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 31 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41591**

Registration District No. **274**

Primary Registration District No. **5935**

Registrar's No. **468**

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution:
R.F.D. #1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town Sedalia
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. #1
(If rural, give location)

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

3. (a) PRINT FULL NAME Todd Coffman

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male 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: Oct 31 1881
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>65</u>	<u>1</u>	<u>9</u>	hr. min.

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

10. Usual occupation Railroad M.K.&T.

MOTHER FATHER

11. Industry or business _____

12. Name Joe Coffman

13. Birthplace Va - 1
(City, town, or county) (State or foreign country)

14. Maiden name Lucinda Berkenbow

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

16. (a) Informant John Coffman

(b) Address R.F.D. #1 Sedalia Mo

17. (a) Burial (b) Date thereof Dec 12 - 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pilot Grove Mo

18. (a) Signature of funeral director M^{rs} Laughlin Bros

(b) Address Sedalia

19. (a) 12-10-46 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 9
year 1946 hour 2 Pm minute _____ M.

21. I hereby certify that I attended the deceased from 1st
September 1946 to Nov 9 1946
that I last saw him alive on Nov 9 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary of face and neck

Due to _____

Due to _____

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

Major findings: 53

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? _____

While at work _____ (Specify type of place)

(a) Means of injury _____

23. Signature [Signature] (M.D.)

Address Sedalia Mo Date signed 12/10/46

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-26-46

OCT 16 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 _____

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed K.P.M. Crary

Licensed Embalmer No. 3153

P. O. Address Sedalia 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.