

1. PLACE OF DEATH:

(a) County **Polk**  
(b) City or town **"Rural" Wishart, Twp.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **/**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Polk**  
(c) City or town **"Rural"**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **near Wishart**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT

FULL NAME **Lloyd L. Coffey**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Ella Coffey** 6. (c) Age of husband or wife if alive **72** years  
7. Birth date of deceased **Oct.** **28** **1874**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**72** **0** **16** hr. min.

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

10. Usual occupation **farmer**

11. Industry or business

12. Name **Gilbert Coffey**  
13. Birthplace **Tenn.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Martha Simmons**  
15. Birthplace **Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Ella Coffey**  
(b) Address **Wishart, Mo.**

17. (a) **burial** (b) Date thereof **Nov. 16, 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Enon Cemetery**

18. (a) Signature of funeral director **Turpin Funeral Home**

(b) Address **Bolivar, Mo.**

19. (a) **Nov. 18, 1946** (b) **Joe A. Jones**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **14**  
year **1946** hour **11:40** minute **P.** M.

21. I hereby certify that I attended the deceased from **at home**  
**at home** **Nov 14, 1946**, to **19**;  
that I last saw him alive on **Nov - 14 -** 19**46**  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
**acute congestive heart failure**  
**chronic**  
**cardio-vascular** **15 yr.**

Due to.....

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
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) (e) Means of injury.....

23. Signature **J. H. Jones** (M. D. or other)  
Address **Wishart, Mo.** Date signed **11-15-46**

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

40430

263

97-91-21  
601E-97-11  
• 11

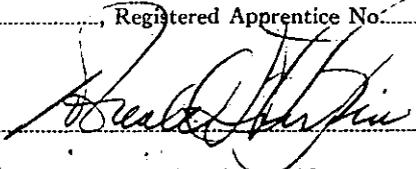
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**STATEMENT BY LICENSED EMBALMER**

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.....  


Licensed Embalmer No. .... 3053 .....

P. O. Address..... Boliver, 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.**