

0. 2
3-43
7-39
C37823

FILED FEB 5, 1947

Registration District No. _____

Primary Registration District No. **5930**

Registrar's No. **18**

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

1. PLACE OF DEATH:

(a) County Crawford

(b) City or town Dillard
(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) At family home

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community wife years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford **28**

(c) City or town Dillard (If outside city or town limits, write "RURAL") **9**

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) **11**
If yes, name country _____

3. (a) PRINT FULL NAME Belle Coleman

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12 year 1946 hour 4 minute 45 P. M.

21. I hereby certify that I attended the deceased from June 20, 1945, to Dec 1, 1946
that I last saw her alive on Nov 7, 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

6. (b) Name of husband or wife Charley 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Nov (Month) 13 (Day), 1875 (Year)

Immediate cause of death Pneumonia

Due to Influenza

Due to _____

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

8. AGE: Years 71 Months 0 Days 29 If less than one day _____ hr. _____ min.

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

Major findings: Of operations None 33A

Of autopsy no

PHYSICIAN _____ Underline the cause to which death should be charged statistically.

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER { 12. Name HANAWAY Bridger

13. Birthplace Tennessee (City, town, or county) (State or foreign country)

14. Maiden name Elie Rigby

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

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? _____

16. (a) Informant Arrel Coleman

(b) Address Dillard, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-14-46 (Month) (Day) (Year)

(c) Place: burial or cremation Dillard Cemetery

18. (a) Signature of funeral director Franklin Paulson

(b) Address Cuba Mo.

19. (a) Jan 20 (Date received local registrar) (b) Elsie Hannah (Registrar's signature)

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature W. G. Dillard (M. D. or other) **0**

Address Dillard Date signed 1-7-47

RECEIVED

District Health Officer No. 5,

District File Number 14245

Date Filed 1-31-47

FEB 6 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

Paul A. Shandlin
Licensed Embalmer No. 3472
P. O. Address Cuba, 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.