

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

**FILED JAN 20 1947**  
Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **48**

**1. PLACE OF DEATH:**  
 (a) County Buchanan  
 (b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1311 Mo. 3rd Street  
(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 Buchanan  
 (c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1311 Mo. 3rd Street  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** William Coleman  
 3. (b) If veteran, name war no  
 3. (c) Social Security No. 491-24554

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month Jan day 11th  
 year 1947 hour 2. minute A. M.

4. Sex male 5. Color or race negro  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Sillie Ray Coleman  
 6. (c) Age of husband or wife if alive 75 years  
 7. Birth date of deceased February 19 1875  
(Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from**  
Jan 11th 1947 to \_\_\_\_\_, 19\_\_\_\_  
 that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

**8. AGE:** Years 71 Months 10 Days 22  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Coronary Occlusion  
 Duration \_\_\_\_\_

**9. Birthplace:** Leavenworth Kansas  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**10. Usual occupation** Laborer

**11. Industry or business** Laborer

**12. Name** William Coleman

Major findings: 947A  
 Of operations \_\_\_\_\_

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

**14. Maiden name** Ruby (unknown)

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

**16. (a) Informant** Mrs. Sillie Ray Coleman

**(b) Address** 1311 Mo. 3rd Street

**17. (a) (Burial, cremation, or removal)** Burial (b) Date thereof: 1-13-47  
(Month) (Day) (Year)

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

**18. (a) Signature of funeral director** Wm. H. Alexander

**(b) Address** St. Joseph, Mo.

**19. (a) 1-13-47** (b) C. L. Jenkins  
(Date received local registrar) (Registrar's signature)

**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.  
 Of autopsy \_\_\_\_\_

**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)  
 (c) Means of injury 3  
**23. Signature** B. W. Tadlock **Coroner**  
(M. D. or other)  
 Address KING HILL BLDG Date signed 1/11/47

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

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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.....

..... Wm. H. Alexander ....., Registered Apprentice No. 402  
working under my personal supervision.

Signed: Frank A. Bownay  
Licensed Embalmer No. 1710  
P. O. Address. St. Joseph 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.**