

U. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36877

DEPARTMENT OF HEALTH
BUREAU OF THE CENSUS
FILED APR 10 1947
84

THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registration District No. 84
Primary Registration District No. 5318
Registrar's No. 4

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

1. PLACE OF DEATH:
(a) County Cooper
(b) City or town Atterville (Rural) New
(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 79 years 21 days (Specify whether
years, months or days)

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

3. (a) PRINT FULL NAME WILLIAM-HARRISON-COFFMAN
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 8
year 1947 hour 3 minute 42 A.M.
21. I hereby certify that I attended the deceased from Mr. P
1947 to Mr. S 1947
that I last saw him alive on Mr. S 1947
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race wh 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mrs. Ethel Coffman 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased February 17 1868
(Month) (Day) (Year)

Immediate cause of death Gastro Intestinal Infection
Due to Amplucyza
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy 33B

8. AGE: Years 79 Months 0 Days 21 If less than one day hr. min.

Duration 4 days
6 days
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Blacksmith

11. Industry or business Same

12. Name Louise Coffman

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

14. Maiden name Elizabeth Carl

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

16. (a) Informant Louise Huffman
(b) Address 117 E. 7th St. Sedalia, Mo.

17. (a) Burial (b) Date thereof March 10 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Lebanon, Mo.

18. (a) Signature of funeral director Hays-Painter
(b) Address 1st St. Sedalia Mo

19. (a) 3-14-47 (b) Helvie Mullett
(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) (e) Means of injury _____
23. Signature PHH Fogle (M. D. or other) PHH
Address Atterville Mo Date signed 3/10/47

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-8-47

MADE IN MICHIGAN

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.....

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

Signed R. L. Painter.....

Licensed Embalmer No. 4069.....

P. O. Address Pilot Grove, 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.