

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 3 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18221**

Registration District No. **245**

Primary Registration District No. **3047**

Registrar's No. **43**

1. PLACE OF DEATH:

(a) County **NEWTON**

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

(c) Name of hospital or institution:
SALE MEMORIAL HOSPITAL
(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 **Newton** **73**

(c) City or town **Neosho** **?**
(If outside city or town limits, write "RURAL")

(d) Street No. **520 N. Wood St.** **2**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No) **0**
If yes, name country.....

3. (a) PRINT FULL NAME **BRUCE LEONARD COFFMAN**

3. (b) If veteran, name war.....

3. (c) Social Security No. **500-01-9183**

4. Sex MALE	5. Color or race W	6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Rose Oeta Coffman	6. (c) Age of husband or wife if alive 59 years	
7. Birth date of deceased John	13	1872
	(Month)	(Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **10**
year **47** hour **50** minute **50** A.M.

21. I hereby certify that I attended the deceased from **10 May**, 19 **47** to **10 May**, 19 **47**
that I last saw him alive on **10 MAY**, 19 **47**
and that death occurred on the date and hour stated above.

Immediate cause of death **CARDIAC ARREST**
Duration

8. AGE:

Years	Months	Days	If less than one day
75	3	25	hr. min.

Due to **UNKNOWN**

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

Due to.....

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation **Police man (Neosho)**

Major findings:
Of operations.....

11. Industry or business **Neosho Police Force**

Of autopsy.....

12. Name **Howard Coffman**

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

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

14. Maiden name **Martha Smalley**

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

16. (a) Informant **Mrs. Bruce Coffman**

(b) Address **520 N. Wood St.**

17. (a) Burial, or removal **Burial** (b) Date thereof **May 10, 47**
(Month) (Day) (Year)

(c) Place: burial or cremation **1007**

18. (a) Signature of funeral director **Carley Chapman**

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

19. (a) May 20, 1947 (b) **Wesley L. Bowman**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(c) 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) Means of injury.....

23. Signature **Wesley L. Bowman** (M. D. or other) **MD.**

Address **Neosho MO** Date signed **10 May 47**

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

MOTHER FATHER

FEB 5 1948

RECEIVED

District Health Officer No. Newton

District File Number 547-109

Date Filed 2-28-47

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 Wesley Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho 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.