

FILED JUL 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20333

State File No. _____

Registration District No. 61

Primary Registration District No. 4167

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Cedar
 (b) City or town Eldorado Springs, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Adult Conservation Club 4
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 60 da
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
 (c) City or town Milford
(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 C. COLEMAN

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 widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: December 9 1858
(Month) (Day) (Year)

8. AGE: Years 88 Months 6 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace: Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer-Retired

11. Industry or business _____
 12. Name Mat known 9
 13. Birthplace: _____
(City, town, or county) (State or foreign country)
 14. Maiden name Mat known
 15. Birthplace: _____
(City, town, or county) (State or foreign country)

16. (a) Informant Barton County Welfare Office Records
 (b) Address Lamar, Missouri

17. (a) Burial (b) Date thereof June 11 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Howell Cem. Milford, Mo.

18. (a) Signature of funeral director KONANTZ FUNERAL HOME

(b) Address Lamar, Missouri

19. (a) 6/11/47 (b) J. C. Brannon
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10
 year 1947 hour 6 minute 00 A.M.

21. I hereby certify that I attended the deceased from June 9th to June 10th 1947
 that I last saw him alive on June 9th 1947
 and that death occurred on the 10th and hour stated above.

Immediate cause of death: Bronchial Pneumonia

Duration

Due to _____

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:
 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.

23. Signature J. C. Brannon (M. D. or other) Do.

Address El Dorado Spgs Date signed 6-11-47

STATEMENT BY LICENSED EMBALMER

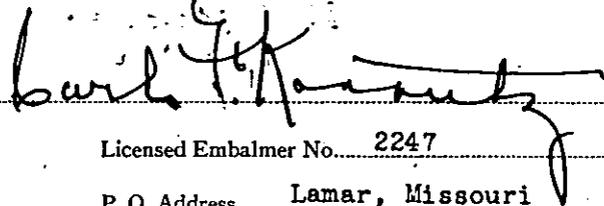
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Harvey E. Arnce

, Registered Apprentice No. 412

working under my personal supervision.

Signed



Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.