

FILED JUL 10 1947

Registration District No. 60

Primary Registration District No. 3018

Registrar's No. 41

1. PLACE OF DEATH:

(a) County DENT  
(b) City or town SALEM  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
SALEM  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community LIFE  
years, months or days)

3. (a) PRINT FULL NAME CHARLES DAVID 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 MARRIED

6. (b) Name of husband or wife AGGIE MAE DIXON  
6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased: FEBRUARY 9 1876  
(Month) (Day) (Year)

8. AGE: Years 71 Months 4 Days 1  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: DENT COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER (RETIRED)

11. Industry or business \_\_\_\_\_

12. Name ANDY COLEMAN

13. Birthplace DENT COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

14. Maiden name EDITH J. BROWN

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

16. (a) Informant Lily M. Allister

(b) Address Salem, Mo.

17. (a) BURIAL (b) Date thereof JUNE 13 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: NEW HOPE CEMETERY

18. (c) Signature of funeral director Hobson & Stanton

(b) Address Salem, Mo.

19. (a) 6-20-47 (b) Mark Hart M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County DENT  
(c) City or town SALEM  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 10  
year 1947 hour 7 minute 05 P.M.

21. I hereby certify that I attended the deceased from 5-17-47  
\_\_\_\_\_ 19\_\_\_\_ to Death 19\_\_\_\_;  
that I last saw him alive on 5-14-47  
and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)  
Artemia - heart failure

Major findings: Of operations \_\_\_\_\_

Of autopsy: 97

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?

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature M. M. Hart M.D. (M. D. or other) MD  
Address Salem Mo. Date signed 6/20/47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 1.

District No. 74-735-6

Date 7-8-47

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.....

Edward F. Boyles

Registered Apprentice No. 435

working under my personal supervision.

Signed.....

Max L. Waibel

Licensed Embalmer No. 4170

P. O. Address Salem, 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.