

Registration District No. 67

Primary Registration District No. 4260

1. PLACE OF DEATH:

(a) County CHRISTIAN  
(b) City or town CHADWICK, MO.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community SIX YEARS  
years, months or days)

3. (a) PRINT FULL NAME MARY JANE COFFEY

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife JOHN M. COFFEY 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased 7 (Month) 2 (Day) 1871 (Year)

8. AGE: Years 76 Months 0 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace CHRISTIAN (o?) MO. ( )  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

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

MOTHER FATHER { 12. Name HARDEN BLEDSOE ( )

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

14. Maiden name SARAH JACKSON ( )

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

16. (a) Informant GEORGE W. THOMPSON

(b) Address SPARTA, MO.

17. (a) BURIAL (b) Date thereof 7 15 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BOSTON CEMETERY OLD FIELD, MO.

18. (a) Signature of funeral director John Dean Harris  
(b) Address Chadwick, Mo.

19. (a) 7-30-1947 (b) Lillie Barr  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CHRISTIAN  
(c) City or town CHADWICK  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14  
year 47 5:00 AM hour 7 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1946, to 14 July, 1947;

that I last saw her alive on 13 July, 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death 1 Cerebral hemorrhage

Due to arteriosclerosis

Due to \_\_\_\_\_

Other conditions 1 Diabetes mellitus  
2 coronary thrombosis

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

Of autopsy 61

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 J. J. Pomeroy (M. D. or other) MD

Address Sparks, Mo. Date signed 17 July '47

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

RECEIVED

District Health Officer No. 6;

District File Number 847-936-

Date Filed AUG 29 1947

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 John Dean Harris

Licensed Embalmer No. 4390

P. O. Address Chadwick, 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, above space should be left blank.