

Dr. Bruce
Registration District No. 77

Primary Registration District No. 3016

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
807 East McCarty Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 807 East McCarty Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT

FULL NAME Mrs. Nannie R. Coates

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 Widow
6. (b) Name of husband or wife James J. Coates 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 23 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 7 16 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Charles Fuller

13. Birthplace Not Known
(City, town, or county) (State or foreign country)

14. Maiden name Martha Harris

15. Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Eva Coates

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Sep-9-1947
(Burial, cremation, or removal) (City or town) (County) (State)

(c) Place: burial or cremation Oak Grove Cemetery, St. Louis County, Mo

18. (a) Signature of funeral director W. J. Jordan

(b) Address Jefferson City, Missouri

19. (a) 9-8-47 (b) O. P. Harris MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 6th year 1947 hour 11 minute 30 M.

21. I hereby certify that I attended the deceased from 13 1947 to 14 1947

that I last saw him alive on September 6th 1947 and that death occurred on the date and hour stated above

Immediate cause of death Berehnt Hemorrhage

Due to arterio-sclerosis
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 32

Of autopsy _____

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? _____ (e) Means of injury _____

23. Signature O. P. Harris MD (M. D. or other) MD

Address Jefferson City Date signed 9/8/47

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

26
5
4

MOTHER FATHER

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

72115-1111

RECEIVED
District Health Officer No. 9,
District File Number
SEP 16 1947
Date Filed

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 Frank D. Miller

Licensed Embalmer No. 3890

P. O. Address Jeff City 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.