FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 27 1947

Registration District No. 128

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

Dr. Fitch

State File No. 34194

Registrar's No. 905

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

1. PLACE OF DEATH:

(a) County: Greene

(b) City or town: Springfield (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. John Hosp. 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 Day (Specify whether

In this community: 72 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene 39

(c) City or town: Springfield 2 (If outside city or town limits, write "RURAL")

(d) Street No.: 311 W. Webster 6 (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME: Mary Coins

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Frank Coins

6. (c) Age of husband or wife if alive: Dec. years

7. Birth date of deceased: Feb. (Month) 10 (Day) 1861 (Year)

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

9. Birthplace: Jefferson City (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation: Home

11. Industry or business .....

FATHER

12. Name: George Edward Green

13. Birthplace: London (City, town, or county) England (State or foreign country) 4

MOTHER

14. Maiden name: Mary J. Straugh

15. Birthplace: Unknown (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant: Mrs. R.F. Whalen

(b) Address: Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/20/47 (Month) (Day) (Year)

(c) Place: burial or cremation: St. Mary

18. (a) Signature of funeral director: H.H. Lohmeyer

(b) Address: Springfield, Mo.

19. (a) 10-20-47 (Date received local registrar) (b) W.E. Handley MD (Registrar's signature) 111

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 17 year 1947 hour 3 minute 15a. M.

21. I hereby certify that I attended the deceased from Oct 15, 1947, to Oct 17, 1947 that I last saw her alive on Oct 16, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Intestinal Obstruction	2 days
Due to: Not known	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 132	
Of autopsy:	

PHYSICIAN — Underline the cause of which death should be charged statistically.

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: [signature] (M. D. or other) MD

Address: Springfield Mo. Date signed: 10-17-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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. Walter E. Hamels

Licensed Embalmer No. 3808

P. O. Address Springfield 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.