

Registration District No. **2007**

Primary Registration District No. **2007**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Jasper**
 (b) City or town **Jasper**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Fremont Methodist Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3 weeks**
 (Specify whether years, months or days) **in Cherokee Co. Kansas**
Large

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
 (c) City or town **Jasper Mo**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **Fremont Hospital**
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Anna May Coyle**
 3. (b) If veteran, name war **no**
 3. (c) Social Security No. **210**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **27** year **1947** hour **4** minute **13** A.M.
 21. I hereby certify that I attended the deceased from **8-5-** 19 **47** to **8-28-** 19 **47**
 that I last saw him/her alive on **8-28-** 19 **47**
 and that death occurred on the date and hour stated above.
 Immediate cause of death **Myocardial Failure** **24 hrs**

4. Sex **Female** 5. Color or race **W**
 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **John Coyle**
 6. (c) Age of husband or wife if alive **59** years
 7. Birth date of deceased **Dec 19** (Month) (Day) (Year) **1886**

8. AGE: Years Months Days If less than one day
60 **8** **8** _____ hr. _____ min.

Due to **Chronic Myocarditis** prior to **8-5-47**
 due to **Generalized Toxemia** prior to **8-5-47**

9. Birthplace **Cherokee County, Ia** (City, town, or county) **Bowling** (State or foreign country)

10. Usual occupation **Stenographer**

11. Industry or business **Thomas Barron**

12. Name **no Record**

13. Birthplace **Maggie Coyle** (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace **no Record** (City, town, or county) (State or foreign country)

16. (a) Informant **John Coyle**

(b) Address **Walnut St R I**

17. (a) **Removal** (b) Date thereof **Aug 31** (Month) (Day) (Year)

(c) Place: burial or cremation **Jasper Cemetery**

18. (a) Signature of funeral director **Director**

(b) Address **Director**

19. (a) **9-8-47** (Date received local registrar) (b) **Director** (Registrar's signature) **129**

Other conditions (include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 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 _____)
 While at work? _____
 Mean of injury _____
 Signature of _____ DETAR, M. D.
 Address **Joplin, Missouri** Date signed **9-8-47**

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

MOTHER FATHER

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.....

Licensed Embalmer No.....

P. O. Address.....

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.