

FILED DEC 30 1947

Registration District No. **197**

Primary Registration District No. **3016**

Registrar's No. **269**

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: St. Mary's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 weeks  
(Specify whether years, months or days)  
In this community 8 years

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 Eva 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 Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased February 11 1886  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 10 5 hr. min.

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

10. Usual occupation Housekeeper

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

12. Name James J. Coates

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

14. Maiden name Nannie Puller

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

16. (a) Informant Mrs. Nadine Coates Schmale

(b) Address Chicago, Ills.

17. (a) Burial (b) Date thereof Dec-18-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Shop & Gordon

(b) Address Jefferson City, Missouri

19. (a) 12-17-47 (b) R. R. Davis MD  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 16 year 1947 hour \_\_\_\_\_ minute 8 P. M.

21. I hereby certify that I attended the deceased from June 30, 1947 to June 16, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic Carcinoma (Ovary) Duration 6 hrs

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Inoperable 49A  
Ovary  
Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to 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? \_\_\_\_\_

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

23. Signature R. R. Davis (M. D. or other) MD  
Address Jefferson City, Mo. Date signed 12-17-47

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 91948  
District File Number  
Date Filed 12/29/45  
JAN 1 9 1946

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

*Joseph J. Gordon*

Licensed Embalmer No.

1786

P. O. Address

*Jefferson 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.