

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **41356**

FILED JAN 6 1948

Registration District No. **1248**

Primary Registration District No. **4194**

Registrar's No. **108**

1. PLACE OF DEATH:
 (a) County Cherty
 (b) City or town Albany
 (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 lifetime
 years, months or days

3. (a) PRINT FULL NAME Richard Kelley Coffey
3. (b) If veteran, name war _____ **3. (c) Social Security No.** _____

4. Sex Male **5. Color or race** White **6. (a) Single, widowed, married, divorced** Married
6. (b) Name of husband or wife Sela Harris **6. (c) Age of husband or wife if alive** 63 years
7. Birth date of deceased February 5 1864
 (Month) (Day) (Year)

8. AGE: Years 83 Months 10 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Cherty Co Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation retired plumber

11. Industry or business
MOTHER FATHER
12. Name Jasper H. Coffey
13. Birthplace Indiana
 (City, town, or county) (State or foreign country)
14. Maiden name China Culp
15. Birthplace Cherty Co Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Howard Barren
(b) Address Albany Mo

17. (a) Burial **(b) Date thereof** 12-24-47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland

18. (a) Signature of funeral director William Brooks
(b) Address Albany Mo

19. Dec 27-1947 **(b) Howard H. Deaton**
 (Date received local registrar) (Registrar's signature) 108

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Cherty
 (c) City or town Albany
 (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 December day 27
 year 1947 hour 12:10 minute _____ A. M.
21. I hereby certify that I attended the deceased from Dec 7th, 1947, to Dec 27th, 1947
 that I last saw him alive on Dec 22nd, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Bronchitis
pneumonia
 Due to _____
 Due to Chronic Interstitial Nephritis

Duration 16 days
 Unknown

Other conditions 13 1A
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 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 W. B. Campbell (M. D. or other) _____
 Address Albany Mo Date signed _____

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 JME
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Alfred Brooks
.....
Licensed Embalmer No. 3329

P. O. Address

Albany 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.