

S. No. 2
M-5-43
5-17-39
I X36671

FILED JAN 9 1948
Registration District No. **274**

Primary Registration District No. **3035**

Registrar's No. **87**

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

1. PLACE OF DEATH:

(a) County Lafayette

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

(c) Name of hospital or institution:
355 N. 17th
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette

(c) City or town Lexington
(If outside city or town limits, write "RURAL")

(d) Street No. 355 North 17th
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Matilda Coates

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. SEX Female 5. Color Col.

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

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

7. Birth date of deceased May 11 1852
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20
47 year _____ 11 hour _____ 40 minutes _____ PM

21. I hereby certify that I attended the deceased from April 10
1947 to Dec 20 19 47
that I last saw her alive on Dec 1, 1947
and that death occurred on the date and hour stated above.
Immediate cause of death defective heart Duration _____

8. AGE:

Years	Months	Days	If less than one day
<u>95</u>	<u>7</u>	<u>9</u>	hr. _____ min. _____

Due to hard work used
old age

Due to _____

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

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

10. Usual occupation Housekeeper

11. Industry or business Housekeeping

12. Name Abraham Harper 9

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

14. Maiden name Polly Harper

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

PHYSICIAN

Major findings: _____

Of operations: _____

Of autopsy: none

Underline the cause to which death should be charged statistically.

16. (a) Informant Rosal Coates

(b) Address Monticello, Tenn.

17. (a) Burial (b) Date thereof 12/22/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington Mo.

18. (a) Signature of funeral director _____
(b) Address Lexington, Mo.

19. (a) 28 Dec 47 (b) Marion E. Galt
(Date received local registrar) (Registrar's signature)

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 _____

Signature J. D. Cope (M. D. or other) _____

Address Lexington Mo. Date signed Dec 22 1947

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-8-48

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 George M. Green

Licensed Embalmer No. 4230

P. O. Address Edwinton, Md

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.