. S. No. 2
DM—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

42920

State File No.

FILED JAN 9 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11746

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Christian Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ARKansas (b) County Clay 999

(c) City or town Rector 3
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) NR

If yes, name country

3. (a) PRINT FULL NAME John Andrew Coffee

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased January 17 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
72	11	5	hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Robert Coffee
13. Birthplace Illinois
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace " "
(City, town, or county) (State or foreign country)

16. (a) Informant Lillie Stone
(b) Address Rector Arkansas

17. (a) Burial (b) Date thereof
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Rector Cem. Rector Ark.

18. (a) Signature of funeral director Russel Thomas
(b) Address Rector Arkansas

19. (a) DEC 24 1947 (b) J. F. Breleck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22
year 1947 hour 2 minute 55 p.M.

21. I hereby certify that I attended the deceased from Nov 30, 1947, to Dec 22, 1947, that I last saw him alive on Dec 22, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis Chr	unk
Nephritis Chr	unk
Due to arteriosclerosis	unk
Due to	
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 place)

While at work? (e) Means of injury

23. Signature Robert I Warner (M. D. or other) MD

Address Paul Brown Bldg St Louis Mo Date signed Dec 23-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAR 3 1948

JAN 9 1948

11746

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 Rex E. Campbell

Licensed Embalmer No. 3881

P. O. Address [illegible]

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.