No. 2
—8-43
-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 5 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 838

Registration District No. 123 Primary Registration District No. 5457 Registrar's No. 72

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Walnut Grove, Mo R2 Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural Cass Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Over 50 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Walnut Grove Mo R2 Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Cass Township
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mahala Elizabeth Coble
3. (b) If veteran, name war Nil
3. (c) Social Security No. Nil
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Burton J Coble
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased March (Month) 10th (Day) 1862 (Year)

8. AGE: Years	Months	Days	If less than one day
85	10	10	hr. min.

9. Birthplace Harrison (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation House Keeper
11. Industry or business General Home Keeper
FATHER
12. Name Rev. George Long
13. Birthplace (City, town, or county) Tenn (State or foreign country)
MOTHER
14. Maiden name Elizabeth Lindsey
15. Birthplace (City, town, or county) Tenn (State or foreign country)
16. (a) Informant Clelan Coble
(b) Address Walnut Grove Mo R2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan-22-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Rosehill Cemetery
18. (a) Signature of funeral director Gene A. Brown
(b) Address Walnut Grove Missouri
19. (a) Jan-21-1948 (Date received local registrar) (b) Nelson L Murray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20 year 1948 hour 7 minute 45 a.M.
21. I hereby certify that I attended the deceased from Jan 19, 1948, to Jan 19, 1948; that I last saw her alive on Jan 19, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

108

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] Barber M.D. (M.D. or other)
Address Walnut Grove Mo. Date signed Jan 20-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office,
County File Number 48-2-12
Date Filed 2-4-48

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 Ray Miller, Registered Apprentice No. 459, working under my personal supervision.

Signed Gene A. Brim

Licensed Embalmer No. 2664

P. O. Address Walnut Grove 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.