

FILED JAN 21 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1716

State File No.

Registration No. 189

Primary Registration District No. 5702

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Moberly - Rural - Moberly Twp.
(c) Name of hospital or institution
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community 7 1/2 months.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy 40
(c) City or town Laredo 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Emma Ellen Coffman.

3. (b) If veteran, name war. (c) Social Security No.

4. Sex Female 5. Color or race White
6. (b) Name of husband or wife Lewis Coffman.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 4 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 6 8 hr. min.

9. Birthplace Muncie Indiana 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business

12. Name Gilbert Dudley
13. Birthplace Not known Ohio
(City, town, or county) (State or foreign country)

14. Maiden name C. E. Brewer
15. Birthplace Not known Ohio 1
(City, town, or county) (State or foreign country)

16. (a) Informant Alice Coffman
(b) Address Jamesport Mo R-3

17. (a) Burial (b) Date thereof 1-14-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Laredo Cemetery

18. (a) Signature of funeral director E. J. Robertson Funeral Home
(b) Address Laredo

19. (a) Jan. 13 1948 (b) Kathleen Potts
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 12
year 1948 hour 0530 minute 30 P.M.
21. I hereby certify that I attended the deceased from 7 Jan. 1948 to 11 Jan. 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Congestive heart failure 4 days
Due to Auricular fibrillation 1 day

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 95 P
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 Charles M. Grace (M. D. or other) M.D.
Address Chillicothe Mo. Date signed 12 Jan 48

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

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

John M Robertson

Licensed Embalmer No. *4388*

P. O. Address *Laredo 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.