

No. 2
2-45
17-39
X47070

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

Registration District No. **42** Primary Registration District No. **1000**

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
State Hospital No 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 yr. 6 mo. 26 days
(Specify whether years, months or days)

In this community 4 yr. 6 mo 26 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Genesee **38**

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

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

(e) Citizen of foreign country? no (Yes or No) **1**
If yes, name country _____

3. (a) PRINT FULL NAME Paul Coffey

3. (b) If veteran, name war not given

3. (c) Social Security No. not given

4. Sex male () race white

5. Color or race white

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

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

7. Birth date of deceased June 1 1912
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>35</u>	<u>8</u>	<u>12</u>	hr. _____ min. _____

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

10. Usual occupation laborer

11. Industry or business _____

12. Name Eds Coffey ()

13. Birthplace Alanthus Mo
(City, town, or county) (State or foreign country)

14. Maiden name Florence Murphy

15. Birthplace Alanthus Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Ed Coffey

(b) Address St Joseph Mo - 912 No 11th Street

17. (a) burial (b) Date thereof 2/17/48
(Burial, cremation or other) (Month) (Day) (Year)

(c) Place: burial or cremation Stanberry MO

18. (a) Signature of funeral director Katey F. Phillips

(b) Address Stanberry MO

19. (a) 2-16-48 (b) Ed Coffey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13
year 1948 hour 12 minute 50 P M.

21. I hereby certify that I attended the deceased from Feb 1
1948, 19____, to Feb 13, 1948;

that I last saw him alive on Feb 13, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cystic Adenoma Pancreas
obstructive jaundice

Due to _____

Due to _____

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

Major findings:
Of operations _____
Of autopsy _____

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 Forrest Thomas (M. D. _____)

Address St Joseph Mo Date signed 1/23-48

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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.....

Leroy F. Phillips

Licensed Embalmer No. *1898*

P. O. Address. *Starkling 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.