S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 3 1948

Registration District No. .....

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3033

5340

State File No. .....

Registrar's No. 20

1. PLACE OF DEATH:
(a) County Laclede
(b) City or town Lebanon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wallace Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Laclede
(c) City or town Lebanon
(If outside city or town limits, write "RURAL")
(d) Street No. 520 Polk St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME ARTHUR CHAPLIN COLEMAN
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mollie Coleman
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased May (Month) 5 (Day) 1880 (Year)

8. AGE: Years	Months	Days	If less than one day
67	9	15	....hr. ....min.

9. Birthplace Kentucky (City, town, or county) (State or foreign country)
10. Usual occupation Retired farmer
11. Industry or business .....
MOTHER
12. Name Albert Coleman
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
FATHER
14. Maiden name Darkis Bailey
15. Birthplace Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Mollie Coleman
(b) Address 520 Polk Lebanon Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-22-48 (Month) (Day) (Year)
(c) Place: burial or cremation Myetta Cemetery
18. (a) Signature of funeral director W. E. Holman
(b) Address Lebanon, Mo.
19. (a) 2/27/48 (Date received by local registrar) (b) Jessie B. Lynly (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20 year 1948 hour 4 minute 30 A.M.
21. I hereby certify that I attended the deceased from Feb 19 1948 to Feb 20 1948; that I last saw him alive on Feb. 20, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary thrombosis	10 min
Due to: mitral stenosis	unk.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings:- Of operations: gangrenous appendix with chronic adhesions	
Of autopsy: intestinal obstruction.	

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 James L. Hope (M. D. or other)
Address Lebanon, Mo. Date signed 2/29/48.

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAY 28 1948

Received 3/2/48
Laclede County Health Unit
File No. 3-48-27
Date Filed 3/2/48

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.