. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6203 1096

FILED FEB 20 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 2 1/2 days (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Washington 110
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Near Shirley Mo. (If rural, give location) 1
N.R.
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Emma F. Coffman
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William E. Coffman
6. (c) Age of husband or wife if alive 33 years
7. Birth date of deceased Dec. (Month) 5 (Day) 1917 (Year)

8. AGE: Years 30 Months 1 Days 27 If less than one day hr. min.

9. Birthplace Washington Co. (City, town, or county) Mo (State or foreign country)
10. Usual occupation House work
11. Industry or business None
FATHER
12. Name George Bahanon 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown 9
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant William Coffman
(b) Address Shirley Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-5-48 (Month) (Day) (Year)
(c) Place: burial or cremation Near Shirley Mo
18. (a) Signature of funeral director Mrs. Luther Sparks
(b) Address Paton Mo.
19. (a) FEB 3 1948 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2 year 1948 hour 11 minute 15 A.M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Lye Poisoning Self administered at the home of her Brother Everett Johnson at Shirley Mo. On Jan 28th 1948 at about 1:30 P.M.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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) Suicide
(b) Date of occurrence Feb 2 1948
(c) Where did injury occur? St Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury Subm
23. Signature [signature] (M. D. or other)
Address [illegible] Date signed 2/3/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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. Murphy L Sparks

Licensed Embalmer No. 4236

P. O. Address Flat River 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.