

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

National Office of Vital Statistics

FILED MAR 30 1948

Primary Registration District No. 4214

Registrar's No. 79

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution: Community Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. R# 2, Windsor
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Mrs. Margaret J. Coffey

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Fe / 5. Color or race White

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

6. (b) Name of husband or wife Joseph H. Coffey

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased January 22 1863
(Month) (Day) (Year)

8. AGE: Years 85 Months 2 Days 1 If less than one day hr. min.

9. Birthplace Sagamon County, Illinois /
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business.....

12. Name William Johnston

13. Birthplace Unknown Scotland /
(City, town, or county) (State or foreign country)

14. Maiden name Mary Johnston

15. Birthplace Unknown Scotland /
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Coffey

(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 3-25-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Mo.

18. (a) Signature of funeral director Huston Turner
(b) Address Windsor, Mo.

19. (a) 3-25-48 (b) R.R. Remmey,
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23 year 1948 hour 11 minute 55 P. M.

21. I hereby certify that I attended the deceased from March 15 1948 to March 23 1948; that I last saw her alive on March 22 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis 2 yrs

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 51B

Major findings: none

Of operations.....

Of autopsy No Autopsy

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 F.A. Blackmore (M. D. or other) M.D.
Address Windsor, Mo. Date signed 3-24-48

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

2
47
39

RECEIVED

District Health Officer No.

District File Number 1-18-329

Date Filed 3-29-88

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

William M. Turner, Registered Apprentice No. 470
working under my personal supervision.

Signed

[Signature]

Licensed Embalmer No. 3391

P. O. Address Windsor 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.