

S. No. 2  
DOM-5-43  
Rev. 5-17-39  
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THE STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED APR 5 1948  
Registration District No. 167

Primary Registration District No. 4256

Registrar's No. 10

51  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Johnson

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

(c) Name of hospital or institution:  
Hancock Nursing Home 4  
(If not in hospital or institution, write street number or location)

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

In this community 3 years. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Abigail Coleman

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 Widowed

6. (b) Name of husband or wife William J. Coleman 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Dec. 14, 1860  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>3</u>	<u>10</u>	..... hr. .... min.

9. Birthplace Hardin County, Iowa.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name Samuel Woodward

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

14. Maiden name Unknown

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

16. (a) Informant Wm. Coleman

(b) Address Holden, Mo.

17. (a) Burial (b) Date thereof Mar. 26, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director E.B. Cast.

(b) Address Holden, Mo.

19. (a) March 25, 1948 (b) ms H O Redford  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51

(c) City or town Holden, Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. 4th St.  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24  
year 1948 hour 3:15 minute 1 P. M.

21. I hereby certify that I attended the deceased from Dec 9  
1947 to March 24, 1948  
that I last saw her alive on March 23, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Duration.....

Due to.....

Due to.....

Other conditions Sen Arterio sclerosis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations..... 935

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 Kelly Rawlins (M. D. initials)  
Address Holden Mo Date signed 3/25/48

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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 E. B. East

Licensed Embalmer No. 4059

P. O. Address Holden, 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.**