

S. No. 2  
DOM-5-43  
Rev. 5-17-39  
I X36671

FILED MAR 29 1948

Registration District No. 290

Primary Registration District No. 4322

Registrar's No. 118

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

1. PLACE OF DEATH:

(a) County Mercer

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

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

(d) Length of stay: In hospital or institution 2 Weeks  
(Specify whether)

In this community Life  
years, months or days

3. (a) PRINT FULL NAME Willyma Coker

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

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased Nov. 28 1873  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>3</u>	<u>10</u>	hr. min.

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

10. Usual occupation House Keeper.

11. Industry or business

MOTHER FATHER { 12. Name H.N. Holmes

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

14. Maiden name Eliza Proctor

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

16. (a) Informant Mrs. Anna Brown

(b) Address Powersville, Mo.

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof 3-12-48  
(Month) (Day) (Year)

(c) Place: burial or cremation Wilder Ceme.

18. (a) Signature of funeral director Martin Funeral Home

(b) Address Princeton, Mo.

19. (a) 3-13-48  
(Date received local registrar)

(b) M. J. Ruck  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mercer

(c) City or town Summerset Twp.  
(If outside city or town limits, write "RURAL")

(d) Street No. 0  
(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 9 day  
year 1948 hour 9:06 minute P.M.

21. I hereby certify that I attended the deceased from 2-23-48  
1948, to 3-9-48, 1948  
that I last saw h. er alive on March 9, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death coronary thrombosis

Due to chronic myocarditis

Due to nephritis

Other conditions 938  
(Include pregnancy within 3 months of death)

Major findings: Of operations

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? 2  
(Specify type of place) (e) Means of injury

23. Signature Byron J. Axtell  
(M.D. or other)

Address Princeton, Missouri

Date signed 3/10/48

APR 15 1934

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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 *John Martin*.....

Licensed Embalmer No. *3760*.....

P. O. Address. *Pinebluff, 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.