

Registration District No. 1603

Primary Registration District No. 5896

Registrar's No. 35

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

1. PLACE OF DEATH

(a) County Jefferson
 (b) City or town Meristo R-3 Valle Imp.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: De Soto Route 3 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ years, months or days

3. (a) PRINT FULL NAME COLEMAN WILLIAM MARTIN

3. (b) If veteran, name war None 3. (c) Social Security No. 490-03-6780

4. Sex M 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Aulda Martin 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased July 28 1886
 (Month) (Day) (Year)

8. AGE: Years 61 Months 10 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Montgomery City Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Wine House Supt.

11. Industry or business

12. Name Coleman William Martin

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

14. Maiden name Agnes Dora Sheets

15. Birthplace Adrian Co Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Aulda Martin

(b) Address 414 G. St. Bonne Terre Mo

17. (a) Funerals (b) Date thereof 6-4-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem. de Soto Mo

18. (a) Signature of funeral director Bertram Underhill

(b) Address 313 Berkham Bldg. Bonne Terre Mo

19. (a) 6/7/48 (b) Marie Harris
 (Date received local registrar) (Registrar's signature) 1.1.1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
 (c) City or town Bonne Terre 94
 (If outside city or town limits, write "RURAL")
 (d) Street No. 414 G. 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 May day 31st
 year 1948 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 31 1948 to May 31 1948
 that I last saw him alive on May 31 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis
Obstruction
 Due to preexisting aortic
atherosclerosis
 Due to hypertension
 Other conditions None
 (Include pregnancy within 3 months of death)

Duration _____

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 _____ (Specify type of place) (e) Means of injury _____
 23. Signature B. J. Maury (M. D. or other) _____
 Address Bonne Terre Mo Date signed 6/7/48

MAY 3 1949

Date Filed JUN 10 1948

District File Number

District Health Officer No. 9

RECEIVED

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

Lein Counts

Registered Apprentice No. *95*

working under my personal supervision.

Signed *Clarence J. Playwell*

Licensed Embalmer No. *3756*

P. O. Address *Board View 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.