-1/47
5-17-39

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

National Office of Vital Statistics

FILED JUN 3 1948

STANDARD CERTIFICATE OF DEATH

State File No. 18502

Registration District No. 266 — Primary Registration District No. 6245 — Registrar's No. 36

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Washington 110
(c) City or town Cannon Mines, Rural (If outside city or town limits, write "RURAL") 0
(d) Street No. I Mile West (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Louis N. Coleman
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary Coleman
6. (c) Age of husband or wife if alive 86 years
7. Birth date of deceased January (Month) 16 (Day) 1861 (Year)

8. AGE: Years 87 Months 4 Days 10 If less than one day ..... hr. ..... min.

9. Birthplace Washington Co. (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name J. C. Coleman
13. Birthplace unknown (City, town, or county) (State or foreign country) 9
MOTHER 14. Maiden name Mary Josephine Bushard
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Cyprian Coleman
(b) Address Cannon Mines Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/28/48 (Month) (Day) (Year)
(c) Place: burial or cremation Old Mines, Mo.
18. (a) Signature of funeral director Boyer Funeral Home
(b) Address Potosi, Mo.
19. (a) 6/1/48 (Date received by registrar) (b) Helen Fudge (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26 year 1948 hour 5 minute 30 P. M.
21. I hereby certify that I attended the deceased from 1941, 19..., to May 26 1948 that I last saw him alive on 6-1-, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia, Lobar.	
Due to: Old age	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of 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? While at work? (Specify type of place) (e) Means of injury 0
23. Signature Ed L. Wallace (M. D. or other) MD
Address Potosi, Mo. Date signed 6/27/48

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

RECEIVED
District Health Officer No. 4
District File Number 648-209
Date Filed 6-2-48

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 Howard Higginbotham Registered Apprentice No. 5-3, working under my personal supervision.

Signed C. H. Boyer

Licensed Embalmer No. 41-58

P. O. Address Potosi 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.