S. No. 2
—12-45
5-17-39
P I K47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 9 1948

Registration District No. 43

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18798

Primary Registration District No. 3007

Registrar's No. 217

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution: 128 North E.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 12 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12

(c) City or town Poplar Bluff 7
(If outside city or town limits, write "RURAL")

(d) Street No. 128 North E 3
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME James Allen Coil

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex M 0

5. Color or race W

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

6. (b) Name of husband or wife Alma Coil

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Jan (Month) 9 (Day) 1889 (Year)

8. AGE: Years 59 Months 5 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace Calloway Co. (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Laborer

11. Industry or business .....

FATHER
12. Name W. H. Coil 0
13. Birthplace Calloway Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Louise Wells 0
15. Birthplace Pike Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Homer Coil
(b) Address Shamrock, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/22/48 (Month) (Day) (Year)
(c) Place: burial or cremation Poplar Bluff, Mo.

18. (a) Signature of funeral director Greer Croy & Fitch
(b) Address Poplar Bluff, Mo.

19. (a) 6/30/48 (Date received local registrar) (b) R. Minette (Registrar's signature) 35

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9
year 1948 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 2, 1948 to June 9, 1948
that I last saw him alive on June 9, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death ..... Duration

Hypertensive Heart Disease

Due to .....

Due to .....

Other conditions .....
(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? ..... (Specify type of place)

While at work? ..... (e) Means of injury 0

23. Signature Frank E. Smith (M. D. or other) MD
Address Poplar Bluff, Mo. Date signed 6-23-48

(Licensed Embalmer's Statement on Reverse Side)

6-23-48

RECEIVED
District Health Office No. 2
District File Number 148-125
Date Filed 7-6-48

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 Philip J. Cassidy, Registered Apprentice No. 118, working under my personal supervision.

Signed William N. Fitch

Licensed Embalmer No. 3559

P. O. Address Poplar Bluff 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.