

FILED JUL 3 1948

State File No. \_\_\_\_\_

Registration District No. 319

Primary Registration District No. 6077

Registrar's No. 40

1. PLACE OF DEATH:

(a) County STE. GENEVIEVE  
(b) City or town RURAL BRAVIER T.S.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community LIFE years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County STE. GENEVIEVE  
(c) City or town RURAL 95  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? NO (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME RALPH. COFFMAN

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife MARY L. ROND 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased JUNE 5 1856  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
92 19 hr. min.

9. Birthplace MINNITH MO  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business \_\_\_\_\_

12. Name JOSEPH COFFMAN

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

14. Maiden name EMILY MADISON

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

16. (a) Informant Ralph Coffman Jr

(b) Address Minnich Mo

17. (a) BURIAL (b) Date thereof 6-23-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MINNITH MO

18. (a) Signature of funeral director Leo C. Basher

(b) Address Ste. Genevieve Mo

19. (a) 6/23/48 (b) Leo D. Karl  
(Date received local registrar) (Registrar's signature) 350

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 22  
year 1948 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 1  
1948 to June 22 1948  
that I last saw h.l.m. alive on June 19  
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Arteriosclerosis</u>	<u>?</u>
<u>Chronic Nephritis</u>	<u>?</u>
Due to <u>Chronic Myocarditis</u>	<u>?</u>
Due to _____	_____

Other conditions acute Uracemia 6/17/48  
(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? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Pl. Lanning M.D. (M. D. or other)  
Address Ste. Genevieve Mo Date signed 6/22/48

DEC 10 1948

RECEIVED

District Health Officer No. 4  
District File Number 248-844  
Date Filed 2-2-48

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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Geo C. Baskin

Licensed Embalmer No. 1985

P. O. Address Sec. Genevieve Dr

**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.**