No. 300
—10-47
5-17-39
P-I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 19 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25762

Registration District No. 71 — Primary Registration District No. 3012 — Registrar's No. 105

1. PLACE OF DEATH:

(a) County: Clay

(b) City or town: Excelsior Springs, Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 38 days (Specify whether years, months or days)

In this community: 38 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Saline 97

(c) City or town: Nelson 1 (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) 1

If yes, name country:

3. (a) PRINT FULL NAME: Thomas R. Coleman

3. (b) If veteran, name war: World War I

3. (c) Social Security No.: None

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Divorced 3

6. (b) Name of husband or wife: —

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

7. Birth date of deceased: August (Month) 19 (Day) 1888 (Year)

8. AGE: Years 59 | Months 11 | Days 22 | If less than one day: hr. min.

9. Birthplace: California (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: Farming

11. Industry or business: —

FATHER
12. Name: Jhseph R. Coleman
13. Birthplace: Phelps County (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name: Mary Jane Clanton
15. Birthplace: Calloway (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant: Hospital Records, Veterans Administration Hospital
(b) Address: Excelsior Springs, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 8-11-48 (Month) (Day) (Year)
(c) Place: ~~burial or cremation~~ removal, Marshall, Mo.

18. (a) Signature of funeral director: Sweeney Funeral Home
(b) Address: Marshall, Missouri

19. (a) 8/11/48 (Date received local registrar) (b) Caroline Hutchings (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11 year 1948 hour 5:00 minute A. M.

21. I hereby certify that I attended the deceased from July 5, 1948, to August 11, 1948; that I last saw him alive on August 11, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Abscess chronic pulmonary with gangrene right upper lobe — Duration: Unkno.

Due to:

Due to:

Other conditions: Pneumothorax, left, spontaneous - Myocardial insufficiency
(Include pregnancy within 3 months of death)

Major findings:
Of operations: 11-48
Of autopsy: Same as above

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: --

23. Signature: Edw. P. Altomare (M. D. or other) M.D.
Address: Excelsior Springs, Mo. Date signed: 8-11-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-18-48

SEP 17 1948
SEP 15 1948

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 J. Leslie Surrey

Licensed Embalmer No. 3235

P. O. Address Marshall, M

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.