No. 2
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X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 9 1948

Registration District No. 386

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28699

Primary Registration District No. 6242

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Washington

(b) City or town Rural ~~[illegible]~~, Kingston
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: G
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 59 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington 110

(c) City or town Cadet (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. .....
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME George Wallace Coleman

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

3. (c) Social Security No. 498-12-1235

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Mary

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased 5 (Month) 23 (Day) 1889 (Year)

8. AGE:

Years	Months	Days	If less than one day
59	3	11	..... hr. ..... min.

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

10. Usual occupation Jiggs operator

11. Industry or business Star Mining Company

FATHER
12. Name Thomas Coleman
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Louise Courtway
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Vincent Coleman
(b) Address Cadet RFD #1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 7 1948 (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) 9/4/48 (Date received local registrar) (b) Helen Kendall (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Sept. day 4
year 1948 hour 3:30 minute P M.

21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...;
that I last saw h..... alive on Sudden ..... 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Electocuted

Due to by 110 and 220 contact

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

Duration

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) accident

(b) Date of occurrence 9/4/48

(c) Where did injury occur? Kingston Twp. (City or town) WASH. (County) Mo. (State) 110

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Basin mill (Specify type of place)

While at work? yes (e) Means of injury Electricity

23. Signature M. F. Cusswell (M. D. or other) 9/4/48

Address Potosi, Mo. Date signed 9/4/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 948-1197
Date Filed 9-8-48

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 Howard C. Higginbotham

Licensed Embalmer No. 4574

P. O. Address Potosi, Missouri

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.