

No. 300
-10-47
5-17-39
I 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED OCT 13 1948
Registration District No. 157

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30086
Registrar's No. 224

Primary Registration District No. 3028

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carthage
(c) Name of hospital or institution:
811 E. Third St.
(d) Length of stay: In hospital or institution
In this community 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Carthage
(d) Street No. 811 E. Third St.
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME OSCAR COFFEY
3. (b) If veteran, name war World War I
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 3
year 1948 hour 12 minute 40 p M.

4. Sex male
5. Color or race Negro
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Vivian Coffey
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased MARCH 22 1899

21. I hereby certify that I attended the deceased from 22nd March 1947 to 3rd Oct 1948
that I last saw him alive on 2nd Oct 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 56 Months 6 Days 11
If less than one day hr. min.

Immediate cause of death
Coronary Degeneration
Fibrosclerotic Heart Disease
Due to Unknown Cause
Duration 6 hours

9. Birthplace Lebanon Missouri

10. Usual occupation retired porter

Other conditions
Major findings: Of operations 927
Of autopsy

11. Industry or business
12. Name George Coffey
13. Birthplace Laclede Co Mo
14. Maiden name Unknown
15. Birthplace

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant Mrs. Vivian Coffey
(b) Address 811 E. Third, Carthage, Mo.

17. (a) burial (b) Date thereof Oct 7, 1948
(c) Place: burial or cremation Cedar Hill Cemetery

18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Missouri

19. (a) 10-9-1948 (b) L. S. Clenton (c) Registrar's Signature

23. Signature [Signature] (M. D. or other) [Signature]
Address Carthage Mo. Date signed 10-8-48

48-10-844

OCT 19 1948

NOV 7 1948

JUN 3 1949

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 Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.