

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 14 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30585

State File No. _____
Registrar's No. 288

Registration District No. 274 Primary Registration District No. 3052

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1716 S. Warren St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Years (Specify whether
in this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 1716 S. Warren St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ELMER COULTER
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 2nd
year 1948 hour 4:15 minute 4 M.

4. Sex M D 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jessie Coulter
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased August 22, 1893
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 1, 1947, to Oct 2, 1948
that I last saw him alive on Oct 2, 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 55 Months 1 Days 10
If less than one day _____ hr. _____ min.

Immediate cause of death Chronic Coronary heart disease, Rheumatic fever.
Due to _____
Due to _____

9. Birthplace Roberts Illinois 1
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer

Other conditions (Include pregnancy within 3 months of death)
Major findings: 9219
Of operations _____
Of autopsy _____

MOTHER FATHER {
11. Industry or business _____
12. Name Robert Coulter
13. Birthplace Unknown England 4
(City, town, or county) (State or foreign country)
14. Maiden name Mary Patten
15. Birthplace Unknown England 4
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Jessie Coulter
(b) Address Sedalia, Mo.
17. (a) Burial (b) Date thereof 10-4-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Blairstown, Mo.
18. (a) Signature of funeral director Burbeckhart
(b) Address Sedalia, Mo.
19. (a) 10-4-48 (b) Betty Yeager
(Date received local registrar) (Registrar's signature) Deputy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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) (e) Means of injury 0
While at work _____
23. Signature J. B. O'Neil (M. D. or other) M.D.
Address Sedalia, Mo. Date signed 10-3-48

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 10-13-48

87616 ADM

OCT 14 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 John A. Cantlon
Licensed Embalmer No. 4387
P. O. Address Sedalia, 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.