

No. 308
-10-47
-17-39
P I 3905

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED OCT 6 1948
Registration District No. 516

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6069

State File No. 30784
Registrar's No. 310

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

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Rural, Iron
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4 miles southeast of Iron Mountain
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 18 years (Specify whether
years, months or days)

3: (a) PRINT FULL NAME Jessie Milbourne Coburn
3. (b) If veteran, name war no 3. (c) Social Security No. _____

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced, widowed 2
6. (b) Name of husband or wife Josie Ethel Coburn
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 30th, 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 7 25 _____ hr. _____ min.

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

10. Usual occupation broom maker

11. Industry or business _____

MOTHER FATHER

12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Ely
(b) Address Ironton Missouri Rt. # 1

17. (a) burial (b) Date thereof 9-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Doe Run Missouri

18. (a) Signature of funeral director White Funeral Home
(b) Address 8 S. White Ironton Missouri

19. (a) 9-29-48 (b) Ether Rudloff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 4 miles S. E. of Iron Mountain
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 25
year 1948 hour 3 minute 07 A. M.

21. I hereby certify that I attended the deceased from Sept 25 1948 to one day only 1948
that I last saw him alive on Sept. 25 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Supposed to be over dose morphine

Due to Pain of prostatic
obstruction

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

Major findings:
Of operations _____
Of autopsy 51B

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)
(c) Means of injury 2

23. Signature P. W. Gale (M. D. or other)
Address Bismarck Mo Date signed 9/26/48

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

RECEIVED

Health Officer No. 4

File Number 1048-12

Dated 10-4-48

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 *Amel J. White*

Licensed Embalmer No. *512*

P. O. Address *Boston Ill*

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.