No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35982

FILED NOV 22 1948

Registration District No. 7

Primary Registration District No. 3016

Registrar's No. 255

1. PLACE OF DEATH:
(a) County: Cole
(b) City or town: Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3wks (Specify whether years, months or days)
In this community: 3wks

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Camden
(c) City or town: Decaturville Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No.: Star Route 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No): 1
If yes, name country:

3. (a) PRINT FULL NAME: Gracie May Coleman
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Lawerence Elmer Coleman
6. (c) Age of husband or wife if alive: 40 years
7. Birth date of deceased: Aug. 22, 1909 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
39	2	19	hr. min.

9. Birthplace: Decatureville, Mo. 0 (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: Samuel Arthur Denney
13. Birthplace: Decatureville, Mo. 0 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Edna Sandage
15. Birthplace: Linn Creek, Mo. 0 (City, town, or county) (State or foreign country)
16. (a) Informant: Samuel Denney
(b) Address: Deaatureville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Myette Cem.
18. (a) Signature of funeral director: Bankson-Mooley
(b) Address: Camdenton Mo.
19. (a) 11-16-48 (Date received local registrar) (b) C. P. Dorris M.D. (Registrar's signature)
Chrma Rutledge

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 11
year: 1948 hour: 2:00 minute: A.M.
21. I hereby certify that I attended the deceased from: Oct. 20, 1948, to: Nov. 11 1948; that I last saw her alive on: Nov. 11, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Krukenberg's Tumor of ovary	2½ mos.
Due to: Primary not known.	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: As above.	
Of autopsy: None.	

PHYSICIAN — Underline the cause of 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: 0
23. Signature: W. M. Wiley (M. D. or other)
Address: Jefferson City, Mo. Date signed: 11-16-48

Jefferson City Printing Co.

(Reverse Side) Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed NOV 20 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 Abbie Bankson Woolery

Licensed Embalmer No. 2488

P. O. Address Camdenton, 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.