S. No. 2
(—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 27 1948

Registration District No. ____

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5-212

State File No. 39580

Registrar's No. 30

1. PLACE OF DEATH:
(a) County Carter
(b) City or town Rural Carter Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Own Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 3 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Carter
(c) City or town Van Buren (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 Glenda Marie Coates
3. (b) If veteran, name war ____
3. (c) Social Security No. ____

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Sept. (Month) 6 (Day) 48 (Year)

8. AGE: Years — Months 3 Days 6 If less than one day — hr. ____ min.

9. Birthplace Poplar Bluff (City, town, or county) Mo (State or foreign country)
10. Usual occupation —
11. Industry or business —

FATHER
12. Name John William Coates
13. Birthplace Pueblo (City, town, or county) Colo. (State or foreign country)

MOTHER
14. Maiden name Ruby Ann Foristy
15. Birthplace Wewoka (City, town, or county) Okla. (State or foreign country)

16. (a) Informant John William Coates
(b) Address Van Buren, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation Eastwood Cemetery
18. (a) Signature of funeral director Chas. L. Routh
(b) Address Van Buren Mo.
19. Dec 16 - 48 Myra Acta Geneva (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12
year 1948 hour ____ minute ____ M.

21. I hereby certify that I attended the deceased from 11-23, 1948 to 12-12, 1948
that I last saw her alive on 12-7, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Malnutrition & Anemia	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

PHYSICIAN
Underline the cause of which death should be charged statistically.

Major findings:
Of operations —
Of autopsy —

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 ____

23. Signature Fred D. Cunningham (M. D. or other) D.O.
Address Van Buren, Mo. Date signed 12-13-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 12-20-45
District Health Officer No. 5,
District File Number 1845-7456
Date Filed 12-20-45

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 Charles S. Leavitt

Licensed Embalmer No. 4574

P. O. Address Van Buren, 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.