

FILED FEB 21 1950

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

4429

State File No.

Registration District No. 103

Primary Registration District No. 5417

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Deunklin
(b) City or town Harnersville Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: at 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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Deunklin
(c) City or town Harnersville 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 Nora Hobbs Coleman

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife C. W. Coleman 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Dec 31 1883
(Month) (Day) (Year)

8. AGE: Years 66 Months 23 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Hardin Co Tenn (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John S Davis
13. Birthplace unk known (City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Annely McGill
15. Birthplace unk known (City, town, or county) (State or foreign country)

16. (a) Informant C. W. Coleman
(b) Address Harnersville Mo

17. (a) (b) Date thereof 1-23-50
(Month) (Day) (Year)
(c) Place: burial or cremation Rural Crem. Cems.

18. (a) Signature of funeral director Bertha Kinschorn
(b) Address Harnersville, Mo.

19. (a) 2-7-50 (b) Bertha Kinschorn
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20 - 1950
year _____ hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 1 1949 to Jan 20 1950
that I last saw her alive on Jan 7 20 1950
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia of Lungs
Duration 18 months

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 152X

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to 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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0
23. Signature Robert H. Martin (M. D. or other) 0
Address Denath Missouri Date signed 1-21-50

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 2-16-50
COUNTY FILE NUMBER 250-56

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.