

Registration District No. 355

Primary Registration District No. 5497

Registrar's No. 7

1. PLACE OF DEATH:

(a) County HENRY
 (b) City or town CLINTON RRHS-DAVIS
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
RURAL HOME 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Mo
 (Specify whether
 In this community years, months or days)

3. (a) PRINT FULL NAME LARRY EDWIN COFFMAN

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 SINGLE

6. (b) Name of husband or wife
 6. (c) Age of husband or wife if alive years

7. Birth date of deceased APRIL 7 1941
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>2</u> hr. <u>-</u> min.

9. Birthplace CLINTON-RURAL MO
 (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name EDWIN EVERETT COFFMAN
 13. Birthplace LACLEDE Co MO
 (City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name GRETA L CARTER
 15. Birthplace HENRY Co. MO
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature EDWIN E. COFFMAN
 (b) Address CLINTON MO, RRHS-

17. (a) LADUE, MO (b) Date thereof 4-7-41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LADUE CEMETERY

18. (a) Signature of general director W. E. Baggett
 (b) Address Clinton Mo.

19. (a) 4-7-41 (b) W. E. Baggett
 (Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry
 (c) City or town Clinton RRHS
 (If outside city or town limits, write "RURAL")
 (d) Street No. near LADUE MO.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7
 year 1941 hour 3 minute 4 M.

21. I hereby certify that I attended the deceased from
April 7, 1941, to April 7, 1941;
 that I last saw her alive on April 7, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death
Prematurely Fixed
 Due to Premature Labor Duration 2 hours

Due to None
 Due to None

Other conditions None
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations None
 Of autopsy None
 PHYSICIAN None
 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) No
 (b) Date of occurrence None
 (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? No (Specify type of place) (e) Means of injury None

23. Signature S. B. Hughes (M. D. or other) C. K. D.
 Address Clinton Mo. Date signed 4/7/41

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

W.T.
RECEIVED

District Health Officer No. 7,

District File Number 6-41-908

Date Filed 6-4-41

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 with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.