DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 7 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21771

Registration District No. 349 — Primary Registration District No. 4207 — Registrar's No. 11

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

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Henry
(c) City or town Calhoun Mo (If outside city or town limits, write "RURAL")
(d) Street No. ____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Mollie E Coffelt
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 Wid
6. (b) Name of husband or wife James M
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased Sept (Month) 7 (Day) 1864 (Year)
8. AGE: Years 76 Months 8 Days 15 If less than one day ____ hr. ____ min.
9. Birthplace Chamois Mo (City, town, or county) (State or foreign country)
10. Usual occupation Farm work
11. Industry or business ____
MOTHER FATHER
12. Name John Cary
13. Birthplace Dont Know (City, town, or county) (State or foreign country)
14. Maiden name Emile Honsicker
15. Birthplace Dont Know (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Chas Coffelt
(b) Address Calhoun Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-5-41 (Month) (Day) (Year)
(c) Place: burial or cremation Calhoun
18. (a) Signature of funeral director Consolidated Funeral Service
(b) Address Clinton
19. (a) 6-5-41 (Date received local registrar) (b) Mrs Edith Simpson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3rd year 1941 hour 1 minute 0 P. M.
21. I hereby certify that I attended the deceased from May 15, 1941, to June 3rd, 1941; that I last saw h[illegible] alive on June 3rd, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial failure	
Due to: Cancer	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: —	
Of autopsy: —	

PHYSICIAN — 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? (Specify type of place)
While at work? — (e) Means of injury —

23. Signature Dr. L. L. Rucker M. D. or other
Address Hardin Date signed June 4

(Licensed Embalmer's Statement on Reverse Side)

55

RECEIVED
District Health Officer No. 7,
District File Number 7-41-1057
Date Filed 7-1-41

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 J E Consadine
Licensed Embalmer No. 1891
P. O. Address Clinton

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.

No. 2B
4-25-41
I X27852

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Henry
(c) City or town Calhoun Mo
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mollie E Coffelt
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 wid
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

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

8. AGE: Years | Months | Days | If less than one day hr. min.

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

MOTHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

FATHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
year 1941 hour minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death myocardial failure
Due to cancer of the
Due to left lung.
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
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?

23. Signature Dr. L. L. Cubbell (M. D. or other) DO
Address Windsor, Mo Date signed

SUPPLEMENTARY

Windsor, Mo