

FILED JAN 12 1945

Registration District No. 137

Primary Registration District No. 4216

Registrar's No. 209

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Calhoun mo
(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)
In this community 80 yrs. years, months or days

3. (a) PRINT FULL NAME Betty Coe
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 married
6. (b) Name of husband or wife W A Coe
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Mar. 10 1869
(Month) (Day) (Year)

8. AGE: Years 81 Months 8 Days 20 If less than one day hr. min.

9. Birthplace Archie, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business ✓

MOTHER, FATHER {
12. Name J. F. Carey
13. Birthplace Ky. (City, town, or county) (State or foreign country)
14. Maiden name Nancy Boyal
15. Birthplace Ky. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nathan Ingh
(b) Address Calhoun Mo

17. (a) Burial (b) Date thereof Dec 3 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calhoun Cemetery

18. (c) Signature of funeral director J. A. Houser
(b) Address Calhoun Mo

19. December 2 1944 (Date received local registrar)
Georgia Ritcher (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42
(c) City or town Calhoun (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day First
year 1944 hour 10:30 minute 4 M.

21. I hereby certify that I attended the deceased from Nov 25
1944 to Dec 3 1944
that I last saw her alive on one Feb 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis
Duration 2 yrs.

Due to _____

Due to 83A

Other conditions _____
(Include pregnancy within 5 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)
(c) Means of injury _____

23. Signature D. J. Dallas (M. D. or other)
Address Calhoun Mo Date signed 11/7/45

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

42
5
D

RECEIVED
District Health Officer No. 7,
-12-44-1465
1-9-45

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 *Jay*

Registered Apprentice No. _____

working under my personal supervision.

Signed *J. A. Housey*

Licensed Embalmer No. *3302*

P. O. Address *Calhoun Ave.*

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.