

FILED MAR 1 1946

Registration District No.

Primary Registration District No. 4002

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Brashear
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether

In this community 45 yrs
years, months or days3. (a) PRINT FULL NAME ACE W. COLEMAN

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Mary A Coleman 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Nov 18 1877
(Month) (Day) (Year)

8. AGE: Years 68 Months 0 Days 28
If less than one day hr. _____ min. _____

9. Birthplace Macon Co. Mo. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer11. Industry or business Farming

12. Name Francis Coleman
13. Birthplace Mo. 1
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Bradford
15. Birthplace Mo. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mary A. Coleman(b) Address Brashear, Mo.

17. (a) Burial (b) Date thereof 12-18-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brashear Cemetery18. (a) Signature of funeral director F. P. Early(b) Address Brashear, Mo.

19. (a) 1-7-46 (b) Kate Lambert
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Adair
(c) City or town Brashear
(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 16
year 1945 hour 8 minute 30 M.

21. I hereby certify that I attended the deceased from Dec 15 1945 to Dec 16 1945
that I last saw him alive on Dec 15 1945
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Occlusion

Duration

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy gta

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 N M Humphrey D. or other md
Address Brashear Mo Date signed 12-16-45

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 14 1946

RECEIVED

District Health Officer No. 10

District File Number 2-46-343

Date Filed FEB 28 1946

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

Foster P. Ensey

Licensed Embalmer No.

1146

P. O. Address

Brooklyn, 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Brashear
(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 years, months or days)

3. (a) PRINT FULL NAME

3. (b) If veteran,
name war.

3. (c) Social Security
No.

4. Sex

5. Color or
race

6. (a) Single, widowed, married,
divorced

6. (b) Name of husband or wife

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

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

8. AGE:

Years

Months

Days

If less than one day

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

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)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month year hour minute M.

21. I hereby certify that I attended the deceased from
that I last saw him alive on
and that death occurred on the date and hour stated above.
Immediate cause of death

Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

ADDITIONAL
SUPPLEMENTARY
INFORMATION
REQUESTED

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 (M. D. or other)

Address Date signed

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

SUPPLEMENTARY

44006