

No. 2
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5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED NOV 11 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34746

Registration District No. 278

Primary Registration District No. 3015-

Registrar's No. 130

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

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Boonville, MO

(c) Name of hospital or institution: Dr. Alex vannavenswaay Hospital

(d) Length of stay: In hospital or institution 25 Days

In this community 6 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper

(c) City or town Boonville

(d) Street No. 406 Syramore Street

(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME John Thos. Coleman Sr.

3. (b) If veteran, name war NO

3. (c) Social Security No. 491-07-7808

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7th. year 1941 hour 6.10 minute A. M.

4. Sex Male 5. Color or race Colored

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

6. (b) Name of husband or wife Deceased

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

7. Birth date of deceased October 22, 1872

21. I hereby certify that I attended the deceased from Sept 7 1941 to Oct 7 1941

that I last saw him alive on Oct 7 and that death occurred on the date and hour stated above.

| | | | | |
|---------|-----------|-----------|-----------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | <u>68</u> | <u>11</u> | <u>15</u> | hr. min. |

Immediate cause of death Coronary

Due to Arteriosclerosis hypertrophy

Due to hypertrophy

Duration 2 weeks

9. Birthplace Cooper County, Missouri

Other conditions (include pregnancy within 3 months of death) 1330

10. Usual occupation Labor

Major findings: Same

Of operations None

Of autopsy None

Underline the cause to which death should be charged statistically.

11. Industry or business P W A

12. Name Cornelius Coleman

13. Birthplace Cooper County, Missouri

14. Maiden name Mollie Humphries

15. Birthplace Cooper County, Missouri

16. (a) Informant Mr. John Coleman Jr.

(b) Address Boonville, Missouri

17. (a) Burial (b) Date thereof Oct. 9/1941

(c) Place: burial or cremation Spice Creek Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Boonville, Missouri

19. (a) 10-9-41 (b) [Signature]

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? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature [Signature] (M. D. or other) _____

Address Boonville, Mo. 64601 Date signed Oct 8, 1941

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-8-41

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..... *C. L. Filand*.....
Licensed Embalmer No. *1399*
P. O. Address *Higley ma*

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.