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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

26303
Do not use this space.

1. PLACE OF DEATH
(a) County [redacted] Registration District No. 734
(b) Township Jackson Primary Registration District No. 5968 Registered No.
(c) City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ura Vaughn Coulter 436
(a) Residence, No. RFD Jacksonville Mo St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-14-1889
7. AGE YEARS 49 MONTHS 2 DAYS 5 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jacksonville Mo 0

FATHER
13. NAME John Coulter 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 0

MOTHER
15. MAIDEN NAME Frances Dowding
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co

17. INFORMANT (ADDRESS) Mrs. Ross Taylor (Sister) RFD Jacksonville Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE McCanne Cemetery DATE July 21 1938
19. FUNERAL DIRECTOR (ADDRESS) Snow Funeral Home Moberly Mo
20. FILED July 20 1938 R. M. Cater Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19 1938
22. I HEREBY CERTIFY That I attended deceased from Nov. 16, 1937 to July 19, 1938
I last saw him alive on July 19, 1938. Death is said to have occurred on the date stated above, at 10:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	7-7-38
93 W	
Other contributory causes of importance: Arteriosclerosis	5-15-38

Name of operation no Date of
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Benj. S. Jolly D.O., M. D.
(Address) 201 W. Reed, Moberly, Mo.

(Licensed Embalmer's Statement on Reverse Side)

APR 9 1947

STATEMENT BY LICENSED EMBALMER

I, Thomas E. Barnes, Licensed Embalmer No. 2414

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself &

L. E.

No. or by Robert M. Cator, Registered Apprentice No. 1937

working under my personal supervision.

Signed Thomas E. Barnes

Licensed Embalmer No. 2414

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)