

REC'D MAR 20 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH6719  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 398  
 (b) Township Blue Primary Registration District No. 3019  
 (c) City Independence (d) Street No. Sanitarium 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

(a) Residence, No. 155 Jeanette Marie Coffman  
Rt 3 East Independence (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 4 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
0 0 0 4 hrs.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None  
 9. Industry or business in which work was done, as saw mill, bank, etc. None  
 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) Independence Mo.

FATHER 13. NAME Virgil A. Coffman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) S. D.

MOTHER 15. MAIDEN NAME Jays Wagener

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fortune Mont.

17. INFORMANT (ADDRESS) Virgil A. Coffman Rt 3 East Ind Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mound Grove DATE Feb 5 1939

19. FUNERAL DIRECTOR (ADDRESS) W. G. Speck Funeral Home Independence Mo

20. FILED 2-10-1939 F. L. Cook Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7 1939

22. I HEREBY CERTIFY That I attended deceased from Feb 7 1939 to Feb 7 1939

I last saw him alive on Feb 7 1939, 19... Death is said to have occurred on the date stated above, at... m.

The principal cause of death and related causes of importance were as follows:

Premature birth about 7 mos.

Other contributory causes of importance: 10 9

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_

(If so, specify \_\_\_\_\_)

(Signed) F. L. Cook M. D.

(Address) Independence Mo

---

---

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

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

..... L. E. ....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**