

REC'D MAR 16 1939

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

6943
Do not use this space.

1. PLACE OF DEATH

(a) County Johnson Registration District No. 431
(b) Township Warrensburg Primary Registration District No. 3023 Registered No. 24
(c) City Warrensburg (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

(a) Residence, No. 153 John Leo Coffman St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20 - 1923

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
14 9 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Student
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) Warrensburg, Mo.

FATHER 13. NAME Leo Coffman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co. Mo.

MOTHER 15. MAIDEN NAME Nellie Holloway

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chilhowee, Mo.

17. INFORMANT (ADDRESS) Leo Coffman
Warrensburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Hill DATE Feb. 14, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Sweeney Phillips
Warrensburg, Mo.

20. FILED Feb. 14, 1939 Ernest Gentry
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19 - 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
I last saw him _____ alive on Dr. Brown, 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:

Drowning
(Body was not found until Feb. 13, 1939)

Other contributory causes of importance: 182

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 May 19, 1939
Where did injury occur? Warrensburg, Mo.
(Specify city or town, county and State)
Specify whether injury occurred in industry, in home, or in public place. Post Oak Creek

Manner of injury Drowned

Nature of injury Drowned

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. L. Bradley, M.D.

(Address) Warrensburg, Mo.

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.

RECEIVED
District Health Officer No. 8,
District File Number
3/10/39
Date Filed

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,

R. A. Phillips

or by

Registered Apprentice No....., working under my personal supervision.

Signed

R. A. Phillips

Licensed Embalmer No.

2320

P. O. Address

Warrensherg

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, above space should be left blank.